



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 29, 2021

Linda Jefferson
16951 Maryland
Southfield, MI 48075

RE: Application #: AS820396286
Rebirth Community Inclusion Program
811 Superior St
Wyandotte, MI 48192

Dear Linda Jefferson:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820396286
Licensee Name:	Linda Jefferson
Licensee Address:	16951 Maryland SOUTHFIELD, MI 48075
Licensee Telephone #:	(313) 778-3194
Administrator/Licensee Designee:	Linda Jefferson
Name of Facility:	Rebirth Community Inclusion Program
Facility Address:	811 Superior St Wyandotte, MI 48192
Facility Telephone #:	(734) 407-7390
Application Date:	09/13/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

09/13/2018	On-Line Enrollment
09/14/2018	Contact - Document Sent Rules and Acts books
11/13/2018	Contact - Document Received 1326, RI-030, and FP for Linda.
11/27/2018	Contact - Document Received 100 for Jacqueline.
11/27/2018	File Transferred To Field Office Detroit
12/03/2018	Comment – App assigned to K. Robinson (See UA820400051)
01/08/2019	Application Incomplete Letter Sent
05/02/2019	Contact - Telephone call made Attempted onsite; Licensee would like to postpone the inspection due to her father having surgery on 5/14/19.
07/10/2019	Inspection Completed On-site Substantial noncompliance; physical plant has improper interior finishes, fire door has cut out panels and is only 28 inches wide, all bedroom spaces are in noncompliance
10/10/2019	Contact - Telephone call made Follow up call to Ms. Jefferson to check on the status of repairs. Licensee said the home will be ready for re-inspection in 2.5 weeks.
11/01/2019	Contact - Telephone call made Left message for Ms. Jefferson
11/12/2019	Contact - Telephone call received Return call from Ms. Jefferson; licensee said the home is not ready for re-inspection as planned. The contractor has not been reliable. Landlord said the home won't be ready until after the New Year.
02/12/2020	Inspection Completed On-site The physical plant continues to be in noncompliance, such as, BR #1 has flooring problems.
03/16/2020	Comment COVID-19 pandemic; field work halted.

04/30/2021	Contact - Telephone call received Call from Ms. Jefferson; the home repairs are complete.
05/18/2021	Contact - Telephone call made Scheduled final onsite
06/02/2021	Inspection Completed-BCAL Full Compliance
06/02/2021	Contact - Document Received Received updated medical clearance
06/03/2021	Contact - Telephone call made Call to Ms. Jefferson regarding missing documents
06/23/2021	Contact - Document Received Received final supporting documents.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Rebirth Community Inclusion Program home is a 2-story structure with basement. The main level of the home is comprised of a living room, large eat-in kitchen with room for bar top seating, full bathroom, and 2 bedrooms. The second floor has 3 additional bedrooms, a second kitchen that is not in use, full bathroom, a separate living space used for additional seating or relaxation, and a closed in porch located at the rear.

The furnace and hot water heater are located in the basement. The fire door is located at the bottom of the basement stairs. The door is equipped with an automatic self-closing device and positive latching hardware. It is constructed of material that has a 90-minute fire-resistant rating. The facility is equipped with an interconnected smoke detection system that is hardwired through the home's electrical system. The system was installed by a professional contractor and is fully operational.

The home **cannot** accommodate persons who require the regular use of a wheelchair.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	7.42 X 7.33 + 9.42 X 9.33	142	2

2	9.42 X 11.42	108	1
3	9.5 X 10.17	97	1
4	9.58 X 13.25	127	1
5	14.08 X 7.75	109	1

The living, dining, and sitting room areas measure a total of 568 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is **developmentally disabled or mentally impaired**, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: (private sources, like hospital social workers or local rehab facilities).

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Rebirth Community Inclusion Program, L.L.C., which is a Domestic Limited Liability Company, was established in Michigan, on 3/7/17. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Rebirth Community Inclusion Program, L.L.C. has submitted documentation appointing Linda Jefferson as Licensee Designee for this facility and Linda Jefferson as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 Staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff-to-resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), Identego™ (formerly L-1 Identity Solutions®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 6).

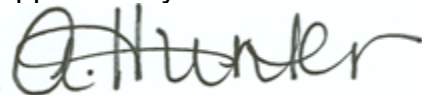


06/29/21

Kara Robinson
Licensing Consultant

Date

Approved By:



06/29/21

Ardra Hunter
Area Manager

Date