



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 6, 2021

Jessica Jones  
Loving You LLC  
G3358 Emerson St  
Flint, MI 48504

RE: Application #: AS250404825  
Loving You  
3309 Helber St.  
Flint, MI 48504

Dear Ms. Jones:

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 5 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250404825
<b>Licensee Name:</b>	Loving You LLC
<b>Licensee Address:</b>	G3358 Emerson St Flint, MI 48504
<b>Licensee Telephone #:</b>	(810) 836-4382
<b>Administrator/Licensee Designee:</b>	Jessica Jones
<b>Name of Facility:</b>	Loving You
<b>Facility Address:</b>	3309 Helber St. Flint, MI 48504
<b>Facility Telephone #:</b>	(810) 836-4382
<b>Application Date:</b>	06/19/2020
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS

## II. METHODOLOGY

06/19/2020	On-Line Enrollment
06/23/2020	Contact - Document Sent forms sent
07/21/2020	Contact - Document Received 1326,RI030,afc100
08/05/2020	Application Incomplete Letter Sent
09/14/2020	Contact - Telephone call received A call was received from the applicant regarding their progress.
04/05/2021	Application Complete/On-site Needed
04/11/2021	Inspection Completed On-site
05/04/2021	Inspection Completed-BCAL Full Compliance
05/04/2021	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Loving You LLC is a Tri-level home located within the city limits of Flint. The property is owned by Ms. Jessica Jones and Ms. Michelle Jones. The main/entry level of the home consists of a living room, a dining room, and a kitchen. Beyond the kitchen there is a den area which has been converted to an office. The upstairs level contains 3 bedrooms, 1 full bathroom and a linen closet. There is also a ½ bath located in the lower level. The home also has a detached garage and driveway parking for visitors.

The furnace and hot water heater are located in the lower level of the home, with two entry doors. The two (2) doors are 1-3/4-inch solid core doors, constructed of material that has a 1-hour-fire resistance rating, equipped with an automatic self-closing device and positive latching hardware, located. On December 11, 2020, the furnace was inspected by licensed professionals, A & S and Sons Heating Inc. The furnace was found to be in safe operational condition. The laundry room is also located in the lower-level area of the home.

The facility is equipped with hard-wired smoke detectors on each floor of the home. Fire extinguishers are also installed on each floor of the home.

The facility has a public water and sewer system provided by the City of Flint. The home was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 Upstairs	8 x 11	88 sq. ft	1
#2 Upstairs	11 x 12	132 sq. ft	2
#3 Upstairs	11 x 15	155 sq. ft	2

The living measures 14 x 17, while the dining room measures 10 x 6, for a total 298 sq. feet. There is also a large room in the lower level that measures 480 square feet. This exceeds the minimum of 35 square feet per resident requirement.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. This facility is not wheelchair accessible.

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

## **B. Program Description**

Loving You LLC is a group home formed to provide quality care for adults with mental and developmental disabilities and to help and/or assist with daily functions.

The facility will provide a safe, beautiful environment that promotes dignity to the residents a safe, clean, and respectful environment.

The applicant intends to provide 24-hour supervision, protection, and personal care to five (5) male or female adults whose diagnosis is mentally impaired, developmentally disabled and Alzheimer's, in the least restrictive environment possible.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Administrator Qualifications**

The applicant, Ms. Jessica Jones, 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.

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

The licensee and administrator have both 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 5-bed facility is adequate and includes a minimum of 1-staff-to-5 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee’s 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**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 5).



May 6, 2021

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Sabrina McGowan  
Licensing Consultant

Date

Approved By:



May 6, 2021

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Mary E Holton  
Area Manager

Date