



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 11, 2021

Maribeth Leonard
Jackson-Hillsdale Community Mental Health Board - LifeWays
1200 N. West Avenue
Jackson, MI 49202

RE: Application #: AS380407018
LifeWays Crisis Residential
1200 N. West Avenue
Jackson, MI 49202

Dear Ms. Leonard:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

Enclosures

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

I. IDENTIFYING INFORMATION

License #:	AS380407018
Applicant Name:	Jackson-Hillsdale Community Mental Health Board - LifeWays
Applicant Address:	1200 N. West Avenue Jackson, MI 49202
Applicant Telephone #:	(517) 789-1209
Administrator:	James Horrigan Jr.
Licensee Designee:	Maribeth Leonard
Name of Facility:	LifeWays Crisis Residential
Facility Address:	1200 N. West Avenue Jackson, MI 49202
Facility Telephone #:	(517) 789-1209
Application Date:	01/07/2021
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/07/2021	Enrollment
01/15/2021	Application Incomplete Letter Sent App - Box 16; IRS letter; 1326, RI-030, & FPs for Maribeth; AFC100 for Kim (Admin)
01/25/2021	Contact - Document Received IRS letter
02/03/2021	Contact - Document Received App; - box 16; IRS letter; 1326, RI-030 for Maribeth; AFC100 for Kim
03/08/2021	Application Incomplete Letter Sent
04/27/2021	Contact - Document Received Documents requested from the Application Incomplete Letter.
05/20/2021	Contact - Document Received - Zoning Letter/ Approval received.
07/13/2021	Application Complete/On-site Needed
07/13/2021	Inspection Completed On-site
07/13/2021	Inspection Completed-BCAL Sub. Compliance
07/20/2021	Inspection Completed On-site Via Microsoft Teams - Paperwork & Rule Review
07/20/2021	Inspection Completed-BCAL Sub. Compliance
08/02/2021	SC-Application Received - Original
08/10/2021	Inspection Completed- Full Compliance
08/10/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed operator and owner of the facility is the Jackson-Hillsdale Community Mental Health Board. This facility is located in the city of Jackson. This single-story facility is within the existing Lifeways commercial building. This facility is wheelchair accessible. The westside door will be the primary entrance for the residents, located at the back of the LifeWays building. This entrance is equipped with a short walkway

leading to the door. The second identified exit and means of egress is accessed through a door located in the kitchen area. There is also a door in the laundry room, which leads to the remainder of the building and an exit leading to the outside, which will primarily be utilized by staff.

This facility has an open floor plan and contains a kitchen and dining area, a living room, an office area/medication room, laundry room, five private resident bedrooms, and two full bathrooms. The facility also has a gated courtyard with an exit. The resident bedrooms are equipped with egress windows.

On May 20, 2021, the applicant submitted a zoning letter from the City of Jackson, Neighborhood & Economic Operations, for the approval of the building construction.

The facility utilizes public water supply and sewage disposal systems.

The facility is set apart from the main building by a two-hour fire separation wall. The facility is equipped with rooftop heating and cooling systems. The rooftop heating units are gas fired. There is also a water heater located in an enclosed mechanical room, in the main part of the facility. The 1 ¾ inch solid core door and frame leading to the mechanical room is fire-rated; it is equipped with an automatic self-closing device and positive latching hardware. The room is constructed of materials that provide a 1-hour-fire-resistance rating. These systems have been inspected and approved by licensed contractors. The applicant has provided a temporary certificate of occupancy from the City of Jackson, dated July 21, 2021.

The facility is equipped with an interconnected, hardwired smoke detection system. In addition, the facility is equipped an interior fire suppression system (sprinkler system), battery back-up smoke detectors, and a back-up generator. The facility has central air conditioning. On January 11, 2021, these systems were inspected and approved. On July 21, 2021, the facility received a temporary certificate of occupancy from the City of Jackson.

The facility is equipped with a washer and an electric dryer. The dryer is equipped with a flexible metal duct. The trash will be removed from the premises on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1 (135)	11'10" x 8'4"	99	1
2 (136)	11'10" x 8'4"	99	1
3 (137)	11'10" x 8'4"	99	1
4 (138)	11'10" x 8'4"	99	1
5 (139)	11'10" x 9'8"	114	1

The indoor living and living areas measure a total 667 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate five residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant for this short-term (30-days or less) Crisis Residential Program intends to provide 24-hour supervision, protection, and personal care to five male or female residents who are 18 to 99 years of age, and whose diagnosis is Mental Illness and/or Developmentally Disabled.

According to the Program Statement, the LifeWays Crisis Residential Programs "are designed to provide a short-term voluntary alternative to inpatient psychiatric services for adult individuals experiencing an acute psychiatric crisis. Services are intended to avert a psychiatric admission or to shorten the length of an inpatient stay." The LifeWays Crisis Residential Program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. LifeWays Crisis Residential intends to provide the least restrictive environment possible for the residents.

The applicant has applied for specialized program certification and intends to accept residents under contract from Jackson-Hillsdale Community Mental Health. The applicant intends to accept individuals with CMH Specialized Residential funding and Medicaid Personal Care funding.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

The applicant has a van and other vehicles available on-site to provide transportation as needed.

The facility will make provisions for a variety of leisure and recreational equipment, including but not limited to, television, board games, cards, and access to the wellness center.

C. Applicant and Administrator Qualifications

The applicant is Jackson-Hillsdale Community Mental Health Board., and it is a Governmental Entity, which was organized on July 16, 1966. 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 applicant has submitted an organizational chart. The board members have stated in

writing, the appointment of Maribeth Leonard, as the Licensee Designee, and James Horrigan Jr., as the Administrator, for the facility.

A criminal background check of Ms. Maribeth Leonard was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Leonard has submitted a statement from her physician documenting her good health and current negative tuberculosis test results.

Ms. Leonard has experience working with the populations that will be served in this facility. Ms. Leonard has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Leonard has provided copies of the successful completion of her education and trainings.

A record clearance was completed and approved for Mr. James Horrigan Jr. Mr. James Horrigan Jr. has submitted a statement from his physician documenting his good health and current negative tuberculosis test results. Mr. James Horrigan Jr. has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. James Horrigan Jr. has provided copies of the successful completion of his education and trainings.

The staffing pattern for the original license of the 5-bed facility is adequate and includes a minimum of 2 staff for 5 residents. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing, "direct access" to residents or resident information or both. The applicant was provided with information regarding the process of obtaining criminal history record clearances utilizing the Michigan Long Term Care Partnership website www.miltcpartnership.org and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).

Mahtina Rubritius

8/11/2021

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

Dawn Timm

08/11/2021

Dawn Timm
Area Manager

Date