



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 7, 2022

Joseph Bates
CHS Group LLC
115 East Front
Monroe, MI 48161

RE: Application #: AS580403346
Vineyard Home
15127 S Dixie
Monroe, MI 48161

Dear Mr. Bates:

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 "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS580403346
Applicant Name:	CHS Group LLC
Applicant Address:	115 East Front Monroe, MI 48161
Applicant Telephone #:	(734) 240-0185
Administrator/Licensee Designee:	Jill Jackson/Joseph Bates
Name of Facility:	Vineyard Home
Facility Address:	15127 S Dixie Monroe, MI 48161
Facility Telephone #:	(734) 636-9140
Application Date:	01/31/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/31/2020	Enrollment
02/04/2020	Application Incomplete Letter Sent 1326, AFC100, RI030 & Updated Corp App
02/21/2020	Contact - Document Received 1326, AFC100, RI030 & Updated Corp App
03/04/2020	Application Incomplete Letter Sent
09/03/2020	Contact - Telephone call made Left a message for administrator, Jill Jackson, requesting a return call.
09/04/2020	Contact - Document Sent Emailed 10 day continued interest letter to licensee designee, Joseph Bates.
09/08/2020	Contact - Telephone call received Ms. Jackson (administrator) called and reported that they want to continue with licensure and reported that she will mail out the requested documents by 09/11/20.
09/16/2020	Contact - Document Received Received incomplete application documents
10/05/2020	Contact - Document Sent Sent an email to Ms. Jackson requesting updates to incomplete application documents and requested documents not received.
10/22/2020	Contact - Document Received Received requested documents.
10/29/2020	Contact - Document Sent Sent email to Ms. Jackson requesting documents not received and verification of experience for Mr. Bates.
11/04/2020	Contact - Document Received Received and reviewed updated policy and procedures.
11/10/2020	Contact - Telephone call made Left a message requesting a return call from Ms. Jackson.
12/03/2020	Contact - Telephone call made Spoke with Ms. Jackson regarding final revisions needed on policies and procedures and discuss time for onsite inspection.

01/25/2021	Contact - Document Received Received revised documents.
02/05/2021	Application Complete/On-site Needed
03/15/2021	Inspection Completed On-site
03/15/2021	Inspection Completed-BCAL Sub. Compliance
03/15/2021	Application Incomplete Letter Sent Confirming Letter sent documenting areas of non-compliance.
06/08/2021	Contact - Document Sent Email sent to Ms. Jackson inquiring about the status of the repairs.
06/18/2021	Contact- Document Received. Email received from Ms. Jackson staffing that they need additional time to complete the repairs.
09/24/2021	Contact- Document Received Email received from Ms. Jackson stating that the repairs are complete.
10/07/2021	Inspection Completed-BCAL Sub. Compliance
10/13/2021	Confirming Letter Sent
11/23/2021	Contact-Document Received Email received from Ms. Jackson stating that the landlord is still working on the repairs, and she will contact me when they are complete.
12/15/2021	Contact- Document Received Email from Ms. Jackson stating that there a few more repairs to complete and she and Mr. Bates will provide updated physicals.
01/27/2022	Contact- Document Sent Email sent to Ms. Jackson inquiring about the updated physicals and status of physical plant repairs.
02/16/2022	Inspection Completed-BCAL Full Compliance
02/24/2022	Contact- Document Sent Email sent to Lansing inquiring about submission of new fingerprints due the current fingerprints being over 2 years old.

02/28/2022	Contact-Document Received. Response received from Lansing indicating that Mr. Bates needs to submit another set of prints prior to issuance of license.
02/28/2022	Contact-Document Sent Notified Ms. Jackson and Mr. Bates of the need for new fingerprints.
04/08/2022	Contact- Document Received Email from Ms. Jackson stating that she and Mr. Bates have submitted new fingerprints.
05/13/2022	Contact-Document Sent Email sent to Lansing regarding Mr. Bates fingerprints not being loaded in the system.
08/04/2022	Inspection Completed-BCAL Full Compliance
08/24/2022	Contact-Document Received Updated physicals for Mr. Bates and Ms. Jackson.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Vineyard Home is located in the city and county of Monroe. The home is an all-red brick ranch style home situated on a large corner lot. The home has a two-car garage with a cemented driveway that provides for ample parking. The home consists of 3 bedrooms and 1 ½ bathrooms. The living and dining room measure a total of 568 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The home is not licensed for residents who require the regular use of wheelchairs.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	18'6" x 10'7"	196 sq. ft.	2
2	12'4"x 10'9"	133 sq. ft.	2
3	12'4"x 10'11"	135 sq. ft.	2

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, personal care in addition to room and board to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled and mentally ill 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, if necessary.

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 applicant 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 CHS Group, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 10/05/06. 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 CHS Group, L.L.C. has submitted documentation appointing Joseph Bates as Licensee Designee for this facility and Jill Jackson 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 2 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 licensee designee 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), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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

The licensee designee 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 licensee designee 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 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.

VI. RECOMMENDATION

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



Pandrea Robinson
Licensing Consultant

08/26/2022
Date

Approved By:



Ardra Hunter
Area Manager

09/07/2022
Date