



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 17, 2022

Jzsa-Jaza Gibson
Pharaoh's Rest Haven, LLC
1102 S. West Avenue
Jackson, MI 49203

RE: Application #: AS380412065
Pharaoh's Rest Haven I
114 W. Biddle Street
Jackson, MI 49203

Dear Ms. Gibson:

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 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

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS380412065
Applicant Name:	Pharaoh's Rest Haven, LLC
Applicant Address:	1044 S. MLK Jr. Drive Jackson, MI 49203
Applicant Telephone #:	(517) 962-4683
Administrator/Licensee Designee:	Jzsa-Jaza Gibson
Name of Facility:	Pharaoh's Rest Haven I
Facility Address:	114 W. Biddle Street Jackson, MI 49203
Facility Telephone #:	(517) 962-4683
Application Date:	03/03/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/03/2022	Enrollment
03/17/2022	Application Incomplete Letter Sent 1326 & AFC 100
03/17/2022	Contact - Document Sent sent app inc via email.
03/21/2022	Contact - Document Received 1326a, AFC 100
03/30/2022	Application Incomplete Letter Sent
04/19/2022	Contact - Document Sent - Request for BFS assistance.
04/19/2022	Inspection Completed On-site
04/19/2022	Inspection Completed-BCAL Sub. Compliance
05/05/2022	Inspection Completed On-site
05/05/2022	Inspection Completed-BCAL Sub. Compliance
10/12/2022	Inspection Completed On-site
10/12/2022	Inspection Completed-BCAL Sub. Compliance
10/18/2022	Inspection Completed On-site
11/08/2022	Contact - Document Received - Additional Documentation
11/10/2022	Inspection Completed-BCAL Full Compliance
11/10/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Ms. Jzsa-Jaza Gibson is the proposed applicant and operator of this facility. Ms. Gibson is the property owner of this facility. In the past, this dwelling operated as two apartments (upper and lower). For the purposes of Adult Foster Care Licensing, this facility will now operate as one home. The address for the facility is 114 W. Biddle Street, Jackson, MI 49203.

This two-story style home is located in a residential neighborhood, in the City of Jackson, Michigan. The home is also equipped with a basement. This home is not wheelchair accessible. The front door will be the primary entrance for the residents. This entrance is equipped with steps and sturdy handrails on each side. The second identified exit and means of egress is located in the back of the facility. It is also equipped with steps and sturdy handrails. The second story of the home is equipped with two exits, which leads directly to the outside from the home.

The main entrance opens to the living room, which leads to the dining room. To the right is Bedroom A. Bedroom B and Bedroom C are located to the left of the dining room. There is a hallway which leads to the basement on the right. The hallway also leads to the kitchen and full bathroom. The second means of egress is accessed through the kitchen in the foyer area. There is a door in the foyer area that leads to the basement. The steps to access the second story of the home are also located in the foyer area. The second story is equipped with the laundry room, full bathroom, Bedroom D, Bedroom E, and Bedroom F. There is also a living room on the second floor. The staff office is also located on the second floor of the home.

The basement contains the furnaces, water heaters and electrical panels. There is a separate furnace, water heater and electrical panel for the first and second levels of the home. The doors leading to the basement provides floor separation. They are 20-minute fire doors, and the doors are equipped with automatic self-closing devices and positive latching hardware.

On October 6, 2022, the furnace and water heater were inspected and approved by a licensed contractor. The facility is equipped with an interconnected, hardwired smoke detection system, and it is in good operating condition. Battery-operated smoke detectors are also contained within the home. The smoke detectors are located on all levels of the facility and in required areas of the home. On October 10, 2022, an electrical inspection was conducted and approved by a licensed contractor. Copies of the approved inspection reports are contained within the licensing file.

The applicant intends to install individual air conditioners in the home.

The facility is equipped with a washer and an electric dryer.

The facility utilizes a public water supply and sewage disposal system.

The facility is equipped with two fireplaces, which are in the living rooms of the home. The applicant has stated, in writing, that the fireplaces will not be utilized.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
A	8'1" x 13'6"	109	1
B	11'7" x 10'	117	1
C	9'6" x 9'5"	89	1
D	8' x 13'6"	108	1
E	11'6" x 10'2"	117	1
F	9'4" x 9'11"	93	1

The indoor living and living areas measure a total of 548 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 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to 6 (male or female) residents, ages 18 to 99, who are aged or have a diagnosis of mental illness and or a developmental disability.

According to the program statement, the goal of Pharaoh's Rest Haven L.L.C. "is to provide necessary services and support our clients who want to remain independent in the community setting. We meet these goals by providing our residents with a safe, clean, and respectful environment with trained direct care staff." Pharaoh's Rest Haven L.L.C. also encourages family and friends to visit the home. The 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. Pharaoh's Rest Haven L.L.C. intends to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with private sources of payment and Medicaid.

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.

In addition to the above program elements, the applicant intends to utilize local community resources such as libraries, shopping centers, churches, movies, and local parks. The facility will also have activities available such as puzzles, games, music, and exercise. The applicant has a vehicle to transport the residents into the community.

C. Applicant and Administrator Qualifications

The applicant is Pharaoh's Rest Haven, L.L.C., and is a "For Profit Domestic Limited Liability Company" which was formed on February 25, 2020. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that Jzsa-Jaza Gibson is the Resident Agent. 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. Ms. Jzsa-Jaza Gibson is the sole member of this company, and she has submitted, in writing, the appointment of herself as the licensee designee and the administrator for the facility.

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

Ms. Gibson is a Registered Nurse and a Licensed Practical Nurse. Ms. Gibson has several years' experience working in the nursing field. She has experience working with the populations that will be served in this home. In addition, Ms. Gibson has experience working as a nurse manager. Her duties included supervising a small department and overseeing all restorative activities through the facility; she also ensured that residents maintained their current level of functioning. Ms. Gibson has experience interpreting policies and procedures, developing plans of care, charting, administering medications, providing complete care to critically ill individuals, caring for residents diagnosed with developmental delays, and performing tracheostomy care and ventilator maintenance. She has worked as a Charge Nurse, overseeing 60 residents housed in two assisted living settings. Ms. Gibson has provided wound care, scheduled appointments for residents, maintained medical records, and worked with families and service providers to ensure residents received proper care. Ms. Gibson currently operates and owns Pharaoh's Rest Haven (AS380406021), which is a licensed adult foster care home.

Ms. Gibson has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Gibson has provided copies of the successful completion for the trainings. She has also been trained in First Aid and CPR.

The staffing pattern for the original license of the 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. 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 utilizing the Michigan Long Term Care Partnership website <https://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 1-6).

Mahtina Rubritius

11/10/2022

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

11/17/2022

Ardra Hunter
Area Manager

Date