



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 13, 2024

Najib Moalin
Ivy Lane Residence LLC
4897 Grenadier Dr SW
Wyoming, MI 49509

RE: Application #: AS410417901
Ivy Lane Residence
4897 Grenadier Dr SW
Wyoming, MI 49509

Dear Mr. Moalin:

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 4 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor,
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410417901
Licensee Name:	Ivy Lane Residence LLC
Licensee Address:	4897 Grenadier Dr SW Wyoming, MI 49509
Licensee Telephone #:	(612) 232-5643
Administrator/Licensee Designee:	Najib Moalin, Designee
Name of Facility:	Ivy Lane Residence
Facility Address:	4897 Grenadier Dr SW Wyoming, MI 49509
Facility Telephone #:	(616) 980-2145
Application Date:	09/28/2023
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/28/2023	On-Line Enrollment
09/29/2023	PSOR on Address Completed
10/03/2023	Contact - Document Received 1326/RI 030 for Najib Moalin (referred to C Coburn for review)
10/04/2023	File Transferred To Field Office GR via SharePoint
10/24/2023	Contact - Document Received Received documents from Dana T. in Lansing.
11/21/2023	Application Incomplete Letter Sent
11/27/2023	Contact - Document Received
01/10/2024	Contact - Document Received E-mail received.
01/23/2024	Contact - Telephone call received.
02/02/2024	Inspection Completed On-site
02/02/2024	Special Certification application Received and signed.
02/02/2024	Application Complete/On-site Needed
02/07/2024	Contact - Document Received Pictures of egress windows.
02/09/2024	Inspection Completed On-site
02/11/2024	Contact - Document Received Experience with populations.
02/12/2024	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a ranch style and is located in the subdivision of Wyoming Michigan. The home has a completed lower level that includes a mechanical room with the furnace and hot water heater, laundry room, a large recreational room with an attached family room, with a bar and counter, a full bathroom and three bedrooms with three egress windows. The lower level will not have residents in the bedrooms because it is not above grade level and there is no direct exit to the outside. The main floor consists of the three resident bedrooms at the west end of the home, a living room, two sitting areas, a dining room, a kitchen, a full bath, a half bath, a closet area and a direct exit to the two-stall attached garage. There is a wooden deck outside off the living room through a slider door. The fireplace has been disabled. The home is not wheelchair accessible and has 2 approved means of egress. The home will utilize public and sewage system.

The gas, furnace and gas 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 in an enclosed mechanical room that is made of cement blocks. At the top of the stairs on the main floor is an enclosed stairway with a 1-3/4 inch solid fire door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. This establishes the floor separation. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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	10' x 9' 6"	95	1
2	10' x 10' 6"	105	1
3	11' x 14' 6"	159.5	2

The living, dining, and sitting room areas measure a total of 459.8439 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate four 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 four male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, Traumatic brain injury, 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. The

applicant intends to accept residents from Kent County-DHHS, Kent County CMH, (network 180) and surrounding counties which have CMH's, as a referral source and they will also accept private pay individuals.

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 Ivy Lane Residence L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 09/26/2023. 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 members of Ivy Lane Residence L.L.C. have submitted documentation appointing Najib Moalin as Licensee Designee and the Administrator of the facility.

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

The licensee designee/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 four (4) beds facility is adequate and includes a minimum of one (1) staff –to- four (4) residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges 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 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) 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 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 acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 resident's personal money transactions that have been agreed to be managed by the applicant.

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 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 AFC adult small group home capacity 4.

Arlene B. Smith

02/13/2024

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick
Area Manager

Date

V. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home capacity 4.

Arlene B. Smith

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Arlene B. Smith
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