



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 9, 2024

Roderick Davis
Davis Better Care LLC
722 Fifth St
Jackson, MI 49203

RE: Application #: AS380418720
Davis Better Care IV
2413 Maple Drive
Jackson, MI 49203

Dear Mr. Davis:

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 (517) 284-9730.

Sincerely,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604
Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS380418720
Applicant Name:	Davis Better Care LLC
Applicant Address:	722 Fifth St Jackson, MI 49203
Applicant Telephone #:	(517) 937-6721
Licensee Designee:	Roderick Davis
Licensee Designee:	Sarah Davis
Administrator:	Roderick Davis
Name of Facility:	Davis Better Care IV
Facility Address:	2413 Maple Drive Jackson, MI 49203
Facility Telephone #:	(517) 539-5079
Application Date:	08/06/2024
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/06/2024	Enrollment
08/06/2024	Application Incomplete Letter Sent requested 1326/RI030
08/06/2024	PSOR on Address Completed
08/06/2024	Contact - Document Sent form sent
08/13/2024	Contact - Document Received 1326/RI030
08/13/2024	Licensing Unit file referred for background check review
08/19/2024	File Transferred to Field Office
08/23/2024	Application Incomplete Letter Sent
08/28/2024	Application Complete/On-site Needed
08/28/2024	Inspection Completed On-site
08/28/2024	Inspection Completed-BCAL Sub. Compliance
09/26/2024	Inspection Completed On-site
09/26/2024	Inspection Completed-BCAL Sub. Compliance
10/01/2024	Inspection Completed On-site
10/04/2024	Contact - Document Received - Request from the applicant to change the populations to MI & DD.
10/07/2024	Contact - Document Received - Special Certification Application
10/08/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This inspection included a review of the application, forms, and supporting documents including but not limited to the following; company documents, property ownership and lease, organizational charts, processed licensing record and medical clearances, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

A. Physical Description of Facility

This facility is located in a residential neighborhood in the City of Jackson. This facility is a ranch style home and has a full basement. The primary entrance for residents is located in the front of the facility, facing west. This entrance is equipped with steps and handrails. The door is equipped with non-locking against egress hardware. The second required means of egress is accessed through a door in the kitchen, which leads to the attached garage, and then another door leading to the outside. This exit is also equipped with non-locking against egress hardware. The door leading from the kitchen is equipped with steps and handrails. The facility is not wheelchair accessible.

The primary entrance opens to the front hallway, which leads to the living room. The dining area and kitchen are to the right. There is also a half bathroom located to the right, which is accessed from the front hallway. To the left, a hallway leads to the full bathroom and bedrooms.

The washer, dryer, and heat plant are in the basement. The basement is accessed through a door, located in the kitchen. The door leading to the heat plant is a 90-minute door; and it is equipped with an automatic self-closing device and positive latching hardware. The furnace has been inspected and approved by an inspector. A copy of the service check report is contained within the licensing file. The heating plant also contains the gas fired water heater, which is equipped with a device that assures a constant hot water temperature. This facility is air conditioned.

The facility is equipped with two fireplaces, and the applicant has indicated in writing that a fireplace will not be utilized.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. The applicant provided the most recent inspection report. Smoke detectors are located on all levels of the facility and in required areas of the home.

The facility has a public water supply and sewage disposal system. A private vendor will remove trash from the facility 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 # of Beds
Bedroom # 1	13'1" x 9'	117 sq. ft.	1
Bedroom # 2	11'3" x 13'2"	148 sq. ft.	2
Bedroom # 3	11'3" x 7'10" + 3'10" x 7'8"	117 sq. ft.	1

The indoor living and living areas, (excluding the bedrooms) measure a total of 378 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 4 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 4 male or female ambulatory residents who are 18 years of age or older, whose diagnosis is developmentally disabled or mentally impaired. 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. Davis Better Care IV strives 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, Social Security, Supplemental Security Income, CMH Specialized Residential funding, and Medicaid personal care. Residents will be referred from Lifeways.

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, including but not limited to; attending the YMCA, wellness classes, utilizing the local walking and biking trails, shopping, attending parades, movies and BBQ's, and other community activities.

C. Applicant and Administrator Qualifications

The applicant is Davis Better Care, LLC., and is a "For Profit Domestic Limited Liability Company" which was formed on February 1, 2018. 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 Roderick Davis 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. Mr. Davis is the sole owner and member of the L.L.C. and has stated in writing the appointment of himself as the licensee designee and the administrator for the facility. He has also designated his wife, Sarah Davis, as the licensee designee for the facility.

A criminal background check of Roderick Davis was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Davis submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

Mr. Davis has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. He has also been trained in First Aid and CPR.

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

Sarah Davis has a Bachelor of Science degree in Nursing, she has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has also been trained in First Aid and CPR.

The staffing pattern for the original license of the 4-bed facility is adequate and includes a minimum of 1 staff for 4 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 (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 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 with a capacity of four residents.

Mahtina Rubritius

10/08/2024

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

Dawn Timm

10/09/2024

Dawn N. Timm
Area Manager

Date