



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

March 18, 2009

Comfort Ebiware
Jacoebis Care Services, Inc.
21316 Robinwood
Farmington Hills, MI 48336

RE: Application #: AS630298721
Comfort's Place
25376 Harcourt
Farmington Hills, MI 48336

Dear Ms. Ebiware:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (248) 975-5053.

Sincerely,

Mildred Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 972-9131

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS630298721

Applicant Name: Jacobebis Care Services, Inc.

Applicant Address: 21316 Robinwood
Farmington Hills, MI 48336

Applicant Telephone #: (248) 568-3071

Administrator/Licensee Designee: Comfort Ebiware, Designee

Name of Facility: Comfort's Place

Facility Address: 25376 Harcourt
Farmington Hills, MI 48336

Facility Telephone #: (248) 987-6553

Application Date: 10/21/2008

Capacity: 6

Program Type: AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/21/2008	Enrollment
10/23/2008	Application Incomplete Letter Sent Record Clearance for Comfort
10/28/2008	Contact - Document Received Record Clearance for Comfort
11/03/2008	Application Incomplete Letter Sent
02/12/2009	Inspection Completed On-site
02/12/2009	Application Complete/On-site Needed
03/17/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a single story structure, with brick and vinyl siding. It is situated on a good sized lot, in a residential neighborhood with similar type dwellings. The facility consists of 4 single occupancy resident bedrooms, one double occupancy resident bedroom, a living room, a great room, a dining room, a kitchen, a laundry area, 3 full bathrooms, and a multipurpose/programming area. The driveway provides adequate off-street parking for staff and visitors.

The facility has 2 furnaces and 2 hot water heaters. Each furnace is located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwired 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	11'4" x 13'8"	155	1
2	9' x 10'	90	1
3	10' x 13'	130	1
4	10' x 13'8"	137	1
5	14' x 16'	224	2

The living, dining, and sitting room areas measure a total of 792 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 and personal care to six (6) male or female ambulatory adults in the least restrictive environment possible. The licensee will accept for placement individuals who are elderly. The licensee will also consider for placement individuals with Alzheimer's and individuals with traumatic brain injury. 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. Admissions will be on a private referral basis.

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 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 Jacobebis Care Services, Inc., which is a "For Profit Corporation", established in Michigan on 9/12/2008. 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 Jacobebis Care Services, Inc. has submitted documentation appointing Comfort Ebiware as Licensee Designee and Administrator for this facility.

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

The licensee designee has 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 six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees 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 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 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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.

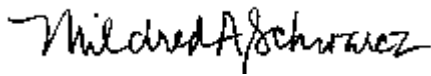
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 adult foster care small group home (capacity 1-6).

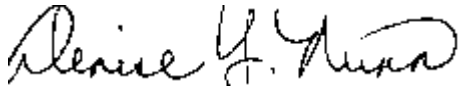


03/17/2009

Mildred Schwarcz
Licensing Consultant

Date

Approved By:



03/18/2009

Denise Y. Nunn
Area Manager

Date