



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

July 31, 2009

Robert McLuckie
Alternative Services Inc
Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

RE: Application #: AS250302820
Linden Road
12481 North Linden Rd
Clio, MI 48420

Dear Mr. McLuckie:

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 (989) 758-1754.

Sincerely,

James Clark, Licensing Consultant
Bureau of Children and Adult Licensing
2320 W. Pierson Rd.
Flint, MI 48504
(810) 787-7034

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250302820

Applicant Name: Alternative Services Inc

Applicant Address: Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

Applicant Telephone #: (248) 471-4880

Administrator/Licensee Designee: Robert McLuckie, Designee

Name of Facility: Linden Road

Facility Address: 12481 North Linden Rd
Clio, MI 48420

Facility Telephone #: (248) 471-4880

Application Date: 06/04/2009

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/04/2009	Enrollment
06/11/2009	Application Incomplete Letter Sent #47 on app & 1326 Amy
06/25/2009	Application Complete/On-site Needed
06/26/2009	Application Incomplete Letter Sent
06/30/2009	Inspection Completed On-site initial inspection
06/30/2009	Inspection Completed-BFS Sub. Compliance
07/28/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a rural/suburban area in Clio, Mi. The home is a spacious one story structure with an attached two car garage and a full basement. The first floor of the home includes a sitting room, dining room, kitchen, family room, office, sun porch, one full bathroom and a half bathroom and 4 resident bedrooms and two additional full bathrooms attached to the North and SW resident bedrooms. The home was completely redecorated and provides a pleasant attractive living environment for the residents.

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 stairs. The facility is equipped with interconnected hardwire smoke detection system, with battery back up, which is fully operational. The home has public water and sewer.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NE bedroom	10.5 X13.5	142 sq. ft.	2
SE bedroom	14.5X10	145 sq. ft.	2
SW bedroom	13X14	182 sq. ft.	2
North bedroom	15X13.5	202 sq.ft.	2

The living, dining, family and office areas measure a total of 773 sq. ft. 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 **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 whose diagnosis is developmentally disabled or mentally ill in the least restrictive environment possible. The applicant will be transferring 5 women residents from the Thetford Home (AS250270855) because it is closing. According to the applicant the women all have a diagnosis of mental illness. 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. Residents will be referred from Genesee County Community Mental Health.

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. The applicant indicated that the residents enjoy going shopping, going out to eat and other community activities.

C. Applicant and Administrator Qualifications

The applicant is Alternative Services Inc., a non profit corporation which was established in Michigan on 02/24/78. 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 Alternative Services Inc. has submitted documentation appointing Robert McLuckie as Licensee Designee for this facility and Amy Pisoni 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 on first and second shift and 1 staff to 6 residents on the third 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 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 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 6 or less).

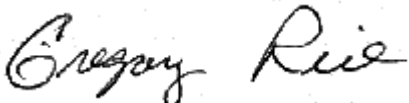


07/30/09

James Clark
Licensing Consultant

Date

Approved By:



07/30/09

Gregory Rice
Area Manager

Date