



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 6, 2009

Cynthia Myhalyk
Pine Rest Christian Mental Health Services
P.O. Box 165
Grand Rapids, MI 49501-0165

RE: Application #: AS390304501
Centerpointe Recovery Center I
1145 Oakland Dr.
Kalamazoo, MI 49008

Dear Ms Myhalyk:

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 3 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 (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5028

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390304501
Applicant Name:	Pine Rest Christian Mental Health Services
Applicant Address:	300 68th Street SE Grand Rapids, MI 49548
Applicant Telephone #:	(616) 455-5000
Administrator/Licensee Designee:	Cynthia Myhalyk, Designee Tiffany Idziak, Administrator
Name of Facility:	Centerpointe Recovery Center I
Facility Address:	1145 Oakland Dr. Kalamazoo, MI 49008
Facility Telephone #:	(269) 382-3865 09/01/2009
Application Date:	
Capacity:	3
Program Type:	MENTALLY ILL

II. METHODOLOGY

09/01/2009	Enrollment
09/08/2009	Application Incomplete Letter Sent 1326 for Cynthia Myhalyk
09/09/2009	Contact - Document Received 1326 for Cynthia Myhalyk
09/09/2009	Application Complete/On-site Needed
09/09/2009	File Transferred To Field Office Kalamazoo
09/09/2009	Contact - Document Sent Rule & ACT Books
09/14/2009	Inspection Completed On-site
09/15/2009	Application Incomplete Letter Sent
09/24/2009	Contact - Document Sent request for more information
09/28/2009	Inspection Completed On-site
09/30/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a one story home with full basement located within the city limits of Kalamazoo. It is one of two proposed three- bed crisis homes located on property leased from Kalamazoo Community Mental Health & Substance Abuse Services.(KCMH&SA) This parcel of property is located across from Kalamazoo Psychiatric Hospital and contains other homes, including another adult foster care home and a house used by the county for emergency shelter.

This home is not wheelchair or handicap accessible. All resident areas are located on the main floor. The basement does not have a direct exit outside so may not be used for resident activities. The furnace and laundry facilities are located in the basement. The furnace was inspected in 2009.

The home has three bedrooms with the following dimensions:

Bedroom #1 11x11

Bedroom #2 11x11

Bedroom #3` 9x9

Each bedroom has sufficient space for one resident with a total resident capacity of three. A full bathroom with tub/shower is located in the same hallway as the bedrooms.

The living room measures 22x15, which meets the rule requirement of 35 square feet of living space per home occupant. The home also contains a kitchen with a dining nook. The locked medication closet is located in the living room.

This home has an attached one car garage. The garage contains storage closets which could assist in storing resident items, as the home interior has limited closet and storage space.

The home is on city water and sewage disposal. On September 28 the water temperature was within the rule requirement of less than 120 degrees Fahrenheit.

A smoke detection system powered by the facility's electrical system has been installed. The installer has verified that the system is in proper working condition.

Door hardware on all interior and egress doors is non- locking against egress.

This home is in compliance with physical plant licensing rules.

B. Program Description

The applicant's program statement identifies the population served as:

- Adults age 18 and older
- Male and female
- Diagnosis: Individuals with mental illness
- Secondary Diagnosis or Traits: Individuals with co-occurring (mental illness and substance abuse) disorders.
- Physical Impairments: Individuals with a mental illness and physical impairments (i.e. blind, deaf, mobility impaired, etc.) may also be considered for admission.

The applicant has defined their service as "residential treatment facilities for adults with a mental illness who are experiencing psychiatric symptoms that could lead to the need for psychiatric hospitalization if not stabilized." The length of stay is anticipated to vary between 3-14 days.

Pine Rest Christian Mental Health Services is operating this home under contract to KCMH&SA, and admissions will first need to be screened and pre-authorized by the Kalamazoo CMH Access Center.

In home services will include:

- Group therapy and education
- Psychiatric assessment
- Treatment based on the Illness Management and Recovery model
- Therapeutic treatment milieu, 24 hours per day
- Medical consultation and assessment by RN
- Discharge planning for transition back to the community
- Room and board
- Supervision, Protection and Personal Care Assistance as identified on the DCH-3803 "Data Sheet and Prescription for Personal Care."

Psychiatric services will include an on-site psychiatric evaluation and assessment, on-site medication reviews by physician, physician's assistant or nurse practitioner under the clinical supervision of the psychiatrist.

The applicant has submitted a policy for close observation and suicide precautions should that become necessary. **Close Observations** may be initiated by any employee when an individual experiences thoughts of self harm but does not have a specific plan. Employees will document visual observation of the resident every 15 minutes.

One to One Staffing must be authorized by the program manager, and is for individuals who have developed a plan for committing suicide or are engaging in significant self-injurious behaviors. Staff will ensure that the resident is within their line of sight at all times.

While other staff may initiate these special precautions, once a resident is placed on either close observation or one to one staffing, the resident may only be taken off with psychiatrist approval.

Pine Rest Christian Mental Services is a non profit corporation originally incorporated in 1913. A number of updates have ensued and the corporation has a number of other corporations under its "umbrella." The corporation is in good standing with the Department of Energy, Labor & Economic Growth.

While there is an extensive corporate structure, for licensing purposes Cynthia Myhalyk is the licensee designee and Tiffany Idziak will function as administrator. A temporary home manager has been identified until the position can be permanently filled.

Ms. Myhalyk and Ms. Idziak have submitted documentation of the required education and both have extensive experience with residential settings and the population being served. Both have attended training in co-occurring diagnosis and treatment.

The licensee designee and the administrator have submitted physician statements and evidence of current TB test results. Michigan criminal record background checks were negative for convictions.

The proposed staff pattern is 1 staff for 3 residents for 1st, 2nd and 3rd shifts. On the 1st shift there will be a nurse for some additional hours in the home, as well as the program manager who will supervise both homes. On the 2nd shift one staff person will “float” between the two homes as needed. For the 3rd shift there will be an on-call staff available to come in as needed. The licensee designee has been reminded of the requirement to have sufficient staff on duty at all times for the personal care, supervision, and protection as specified in each resident’s resident care agreement and assessment plan. Ms. Myhalyk has expressed a commitment to maintaining that standard and will adjust staffing if needed.

All staff will receive training in the areas required by licensing rule 400.14204 (3) and special certification requirements. In addition all staff will be required to review self-study materials related to substance abuse.

The applicant has submitted policies, including job descriptions, personnel policy, and discharge and refund policies for review.

The applicant is aware of the statutory requirements pertaining to the hiring or contracting of persons who provide direct services to residents as required by Section 734(b) of PA 218.

While the licensee designee and administrator are familiar with licensing record keeping requirements, technical assistance is available if need be.

C. Rule/Statutory Violations

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. RECOMMENDATION

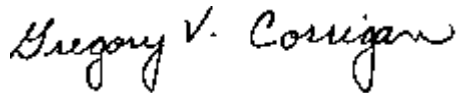
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Susan Gamber
Licensing Consultant

October 5, 2009
Date

Approved By:



Gregory V. Corrigan
Area Manager

October 6, 2009
Date