



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

February 12, 2010

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

RE: Application #: AS630305248
Kingsley Trail
637 Kingsley Trail
Bloomfield Hills, MI. 48304

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 (248) 975-5053.

Sincerely,

Sharon King, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 975-5086

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630305248
Applicant Name:	Alternative Services Inc
Applicant Address:	Suite 10 32625 W Seven Mile Rd Livonia, MI 48152
Applicant Telephone #:	(248) 471-4880
Licensee Designee:	Robert McLuckie, Designee
Administrator:	Stephanie Oles
Name of Facility:	Kingsley Trail
Facility Address:	637 Kingsley Trail Bloomfield Hills, MI 48304
Facility Telephone #:	(248) 593-9297
Application Date:	10/13/2009
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/13/2009	Enrollment
10/20/2009	Application Incomplete Letter Sent re: rec. cl. for stephanie needs to be completed
11/03/2009	Contact - Document Received rec. cl. for Stephanie
11/04/2009	Application Complete/On-site Needed
11/12/2009	Contact - Telephone call made Called Bill Mattson re: application in response to three voice mail messages he had left between 11/10/2009 and 11/11/09. Requested that documentation on home ownership be submitted so that an initial inspection can be scheduled.
11/23/2009	Inspection Completed On-site
11/23/2009	Comment Special Certification application sent out.
11/23/2009	Contact - Telephone call made Called Bill Mattson, Regional Director, re: fire separation door requirement.
12/07/2009	Contact - Document Received Corrective action response and other licensing required documents were received at the Oakland BCAL office this date.
01/06/2010	Contact - Telephone call made Called licensee office to schedule a final inspection on Friday, 1/08/2010.
01/07/2010	Contact - Telephone call received Received a voice mail message from Regional Director confirming final inspection for Friday, 1/08/2010.
01/08/2010	Inspection Completed On-site
01/25/2010	Contact – Telephone call made Called Bill Mattson re: documents needed.
01/26/2010	Contact – Document Received Received faxed letter, dated 01/25/2010, adding information to the amended application along with a resume for the administrator.

III. DESCRIPTION OF FINDINGS & CONCLUSION

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 5/24/1994.

A. Physical Description of Facility

The Kingsley Trail home is a brick ranch-style home on a residential street in Bloomfield Hills. The home is located in a subdivision that is West of Eastway Road, North of E. Long Lake Road. The home is in close proximity to many resources that include shopping, churches, and recreational facilities. Medical services are available through local hospitals that include Pontiac Osteopathic (POH) and St. Joseph Mercy in Pontiac as well as Crittenton Hospital in Rochester. The Kingsley Trail home is serviced by municipal water and sewage systems through the City of Bloomfield Hills. Emergency medical services are available through the City of Bloomfield Hills police and fire departments. Parking is available in a spacious paved driveway at the front of the house.

The Kingsley Trail home will be managed under Alternative Services, Inc. Since Carpe Diem Foundation, Inc. owns the home property, as verified with receipt of a copy of a Property Transfer Affidavit, Alternative Services, Inc. (ASI) has established a lease agreement allowing ASI to use the home for residential care of individuals with psychiatric and/or developmental disabilities. A copy of the lease agreement was provided reflecting the lease term from 12/01/2009 through 11/30/2010.

The home has four bedrooms, a kitchen with a dinette, a formal dining room, living room and family room. The home has 2 full bathrooms and one half-bathroom. One of the full bathrooms is located within the confines of the master bedroom located at the South end of the house; and this bathroom is to therefore be used only by the individuals who are occupying that bedroom. The home has a first-floor laundry room; and a basement which is where the heating plant is located.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
East	10' x 10'4"	103	1
South	12' x 17'	204	2
West	12'11" x 10'11"	141	2
North West	10'1" x 12'11"	130	1

TOTAL CAPACITY: 6

The living, dining, and family room areas measure a total of 827 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

1. Sanitation

At the time of the final inspection on 01/08/2010, the kitchen and bathroom areas were inspected and found to be in substantial compliance with rules pertaining to sanitation. Poisons and caustics will be stored in a locked storage cabinet in the closet in the laundry room, away from food preparation areas. The home has adequate food storage capacity. The refrigerator/ and freezer were equipped with thermometers to monitor the temperature of food storage. At the time of final inspection, water temperature was tested and found to be no higher than 115 degrees Fahrenheit when measured at the kitchen sink and at the main bathtub fixture. The maximum acceptable temperature, as defined by rule R 400.14401(2), is 120 degrees Fahrenheit. The home was also found to meet the minimum requirements regarding food service (R 400.14402) and maintenance of premises (R 400.14403).

2. Fire Safety

The Kingsley Trail home has an integrated hard-wired smoke detection system. Installation of this alarm system meets the requirements of R 400.14505, with the smoke heads placed as required by the licensing rule and in compliance with current building codes. The alarm system has battery back up. The home is also equipped with three fire extinguishers, two on the first floor and one in the basement. The two extinguishers on the first floor are at each end of the house. One is located in the laundry room and the other is located in the hallway outside of the resident bedrooms. The home has two primary means of egress at the front and back of the home. The egresses and exit doors meet the requirements of R 400.14507. All the bedroom and bathroom doors also meet the requirements of R 400.14507, with hardware that is positive-latching and non-locking-against-egress.

The facility has emergency procedures with written instructions to be followed in case of fire or a medical emergency. Evacuation routes were seen posted in the facility, in the kitchen and in the hallway outside of the resident bedrooms. Emergency telephone numbers will be posted by both home phones, in the laundry room/office area as well as in the kitchen. The applicant understands the requirements of the Bureau of Children and Adult Licensing relating to the maintenance of fire drill records.

The applicant has identified that it is the corporation's intent to conduct fire drills as required at least once each quarter during day time, evening and sleep hours and to maintain a record of these drills.

The interior of the home is of standard lath and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R400.14502, R 400.14503 and R 400.14504.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door at the top of the basement stairs that is equipped with an automatic self-

closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was professionally installed and is fully operational.

A gas forced-air furnace heats the facility. The applicant supplied a copy of a receipt from Colonial Heating & Cooling, dated 11/20/2009, to confirm that the furnace was inspected and was found fit for occupancy.

The home has a fireplace that is located in the family room (the room identified as such on the submitted floor plan) at the back of the house area, but the applicant has submitted a letter, dated 11/30/2009, assuring that the wood burning fireplace will not be used. The doors covering the fireplace opening will remain secured shut with use of a mechanical combination lock. The combination to open this lock will not be shared with any of the staff working in the home. The doors were found locked as identified when inspected on 01/08/2010.

At the final inspection on 01/08/2010, the home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire extinguishers, means of egress, both generally and for bedrooms, heating equipment, flame producing equipment, enclosures and electrical service.

Fire safety requirements for special certification were also found to be in compliance with an assured and hard-wired smoke detection system with back-up batteries and smoke detectors located in all required areas of the home.

Required Information

On 10/13/2009, the AFC licensing division received a completed AFC license application signed by Robert McLuckie, licensee designee, acting on behalf of Alternative Services, Inc. where he also holds the title of Executive Director. The original application for operation of a small group home at 637 Kingsley Trail was submitted identifying its location in Bloomfield Hills in Bloomfield Township with a proposed capacity for five men. The originally submitted application identified a program of care for multiple population types that included mentally ill, developmentally disabled, aged, and traumatic brain injured. On the original submitted application, Mr. McLuckie identified the Kingsley Trail home as (the former Perry Home).

On 11/24/2009, Mr. McLuckie submitted an amended application reflecting that the home at 637 Kingsley Trail is located in Bloomfield Hills but not in Bloomfield Township. On this application, the city of Bloomfield Hills is identified as the zoning authority. In his amended application, Mr. McLuckie proposes a small group home for six men between the ages of 18 and 75 who are diagnosed with either a mental illness or developmental disability. In a letter, dated 01/25/2010, Mr. McLuckie requested that the Traumatic Brain Injured population be added to the Kingsley Trail license as this population had been identified on the original application that was submitted but had been inadvertently omitted on the amended application.

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 in the least restrictive environment possible to **six** (6) ambulatory male adults, between the ages of 18 and 75, who have a diagnosis of a developmental disability, mental illness or 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. Residents will be referred through community mental health agencies that include Easter Seals and Training and Treatment Innovations (TTI).

At the final inspection on 01/08/2010, the Regional Director advised that some additions and modifications to ASI's established policies will be forthcoming to more accurately identify governmental agency name changes and requirements that have occurred over time, since their original creation. Copies of all revised documents will be identified and dated as such and submitted to each applicable licensing office throughout the state.

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.

As a fee for services contracting licensee provider, Alternative Services, Inc. has submitted application for Special Certification to provide specialized services for their residents who are in placement under Community Mental Health agency agreements.

C. Applicant and Administrator Qualifications

The applicant is Alternative Services, Inc. Copies of the corporation's Articles of Incorporation are on file with the licensing division. The documents show that Alternative Services, Inc. is a non-profit, non-governmental, Michigan domestic for-profit corporation that was established on 02/24/1978 for the purpose of providing 24-hour supervision and focused care for mentally ill and developmentally disabled. Alternative Services, Inc. presently holds license to operate a total of 38 adult foster care facilities located throughout multiple counties in the State of Michigan. ASI also provides services for other residential programs that do not require a license. 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.

An organizational chart was submitted on 12/07/2009, showing the administrative structure for the Alternative Services, Inc. to include the Executive Director over two Regional Directors who oversee various Program Coordinators (aka as administrators) assigned over their the licensed adult foster care homes that they operate throughout multiple counties in the State of Michigan.

A copy of a document is on file with the licensing division reflecting that on 10/30/2001, the Board of Directors of Alternative Services, Inc. appointed Mr. Robert McLuckie to be the Executive Director (licensee designee) for Alternative Services, Inc. as confirmed in a resolution signed by the corporate secretary.

In a letter, dated 01/11/2010, Arthur Mack, who is the President/CEO of Alternative Services, Inc., identified Stephanie Oles as the corporation's appointed administrator for the Kingsley Trail home. In this same letter, Mr. Mack also identified the Team Coordinator (aka Home Manager) Wendella Gloster as the designated person who is responsible to act in the absence of the administrator at the Kingsley Trail home.

Ms. Oles attained her BA degree from San Francisco State University in 1999 and graduated from the University of Michigan with a Masters in Social Work in May of 2009. Ms. Oles attained administrative experience managing staff and supervising facility operations for two years as a weekend manager for Opportunity Center for the Committee On The Shelterless in Petaluma, CA as well as by working in Washington DC as an Assistant to the Executive Director for the National Coalition for the Homeless. Ms. Oles attained experience working with disabled women who were homeless when she spent five years working as a case manager for Pathways Transitional Housing in Washington DC. As the appointed administrator overseeing several Adult Foster Care homes licensed under Alternative Services, Inc., Ms. Oles continues to obtain on-going training related to programs of care for vulnerable adults with diagnoses that include mental illness, a developmental disability and/or a traumatic brain injury.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee or 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 six-bed facility identifies a minimum of two staff (1 to 3 ratio of one staff for each of three residents) on each of

three shifts that will be scheduled as follows: 6 AM to 2 PM; 2 PM to 10 PM and 10 PM to 6AM. All staff are to be awake during sleeping hours.

As the licensee designee for 38 existing licensed AFC homes, the applicant has been made aware that the direct care staff who are considered as part of the 1 staff to 3 resident ratio, are required to be fully trained to be competent in all required areas prior to working in the facility as a staff assigned to be part of the 1 staff to 3-resident ratio.

The applicant has acknowledged an understanding of the licensee 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 has acknowledged 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 has acknowledged an understanding of the licensee 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 has been made aware of the 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 has acknowledged 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 has indicated that it is their intent to achieve and maintain compliance with all these requirements.

The applicant has acknowledged 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 has acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant has acknowledged the licensee 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 has acknowledged the licensee 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.

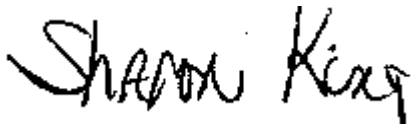
The applicant has acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

C. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

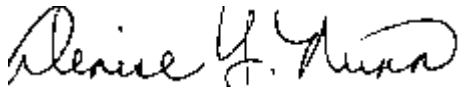
I recommend issuance of a temporary license and special certification to this adult foster care small group home with a capacity of six.



Sharon King
Licensing Consultant

01/26/2010
Date

Approved By:



Denise Y. Nunn
Area Manager

02/12/2010

Date