



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 14, 2010

Joseph Lovic
Alternative Community Living, Inc.
70 Lafayette
Pontiac, MI 48342

RE: Application #: AM250294261
Genesee Regional Crisis Residential Unit
304 W. Tobias
Flint, MI 48503

Dear Mr. Lovic:

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 12 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 (517) 241-2585.

Sincerely,

Gregory Rice, Area Manager
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 758-2734

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM250294261

Applicant Name: Alternative Community Living, Inc.

Applicant Address: 70 Lafayette
Pontiac, MI 48342

Applicant Telephone #: (248) 338-7458

Administrator/Licensee Designee: Joseph Lovic, Designee
Trynette Gray, Administrator

Name of Facility: Genesee Regional Crisis Residential Unit

Facility Address: 304 W. Tobias
Flint, MI 48503

Facility Telephone #: (810) 233-4093
01/08/2008

Application Date:

Capacity: 12

Program Type: MENTALLY ILL

II. METHODOLOGY

01/08/2008	Enrollment
01/22/2008	Application Incomplete Letter Sent
01/30/2008	Inspection Completed-Env. Health : A
04/17/2008	Contact - Document Received Zoning Approval
03/31/2010	Inspection Completed-Env. Health : A
11/08/2010	Inspection Completed-Fire Safety : A change of ownership
11/30/2010	Inspection Completed On-site
12/09/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Genesee Regional Crisis Residential Unit is located at 304 W. Tobias Rd, Flint, MI. The home is a large single story brick building within close proximity to public transportation, hospitals and other city services. The home has several exits at grade level so it can accommodate individuals using wheel chairs. The home has six double occupancy resident bedrooms, two large resident bathrooms, a dining room, recreation room, living room and kitchen. The home also has a staff bathroom, office and a large area that used to be the garage which has been renovated into clinical office space for on-site case managers and other professional staff. The home provides a spacious environment for the residents.

The facility was inspected and approved by the Genesee County Health Department on 03/31/10. The home has public water and sewer service.

The facility was inspected and approved the Michigan Department of Labor and Economic Growth, Bureau of Fire Services on 09/20/10. This inspection included a plan review and on-site inspection of the homes physical plant, fire suppression system and alarm system. The furnace and hot water heater are located in an approved mechanical room.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10 x 17	170	2
2	10x15	150	2
3	10x15	150	2
4	10-2x15	152	2
5	10-2x15	152	2
6	10-2x17	173	2

The living, dining, and recreation room areas measure a total of 1023 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The applicant Alternative Community Living, Inc owns the facility.

Based on the above information, it is concluded that this facility can accommodate twelve (12) 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 Genesee Regional Crisis Residential Unit is a short term residential treatment program for men and women with a primary diagnosis of mental illness and who also may have secondary problems with substance abuse, homelessness, chronic medical conditions, IV drug use and other handicapping conditions. It is a short term program to stabilize individuals and then refer them to an appropriate longer term living setting. Treatment services are supervised by a psychiatrist and include professional services from nursing staff, social work staff and other professional staff as required. Each resident will have a specific Person Centered Plan to address social and behavioral and 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 including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Alternative Community Living, Inc., which is a “Non Profit Corporation” established in Michigan, on 04/21/1987. The assumed name of the corporation is New Passages, 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 Community Living, Inc. has submitted documentation appointing Joseph Lovic as Licensee Designee for this facility and Trynette Gray 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 12-bed facility is adequate and includes a minimum of 2 staff to 12 residents per shift. Additionally there are nursing staff and mental health technicians on duty. 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), Cogent Solutions 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.

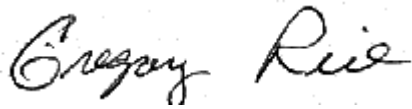
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 7-12).

Handwritten signature of Gregory Rice in cursive script.

12/14/2010

Gregory Rice
Area Manager

Date