



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



RICK SNYDER
GOVERNOR

DUANE E. BERGER
ACTING DIRECTOR

February 11, 2011

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

RE: Application #: AS630309665
Pine Lake
1686 Square Lake Rd.
Bloomfield, MI. 48302

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 #:	AS630309665
Applicant Name:	Alternative Services Inc
Applicant Address:	Suite 10 32625 W Seven Mile Rd Livonia, MI 48152
Applicant Telephone #:	(248) 471-4880
Administrator:	Stephanie Oles
Licensee Designee:	Robert McLuckie
Name of Facility:	Pine Lake
Facility Address:	1686 Square Lake Rd. Bloomfield, MI 48302
Facility Telephone #:	(248) 332-4768
Application Date:	07/30/2010
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/30/2010	Enrollment
10/04/2010	Application Incomplete Letter Sent Need verification of ownership and permission to enter to inspect.
12/15/2010	Application Complete/On-site Needed Application completed at on-site on 12/15/10.
12/15/2010	Inspection Completed On-site
12/15/2010	Inspection Completed-BCAL Full Compliance
02/07/2011	Contact – Document Received Record clearance on administrator

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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 Pine Lake home is a ranch-style, vinyl-sided structure located on the north side of Square Lake Road in Bloomfield Hills, MI. 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 Pine Lake 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 paved driveway at the front of the house. Street parking is not available.

The Pine Lake home will be managed under Alternative Services, Inc. (ASI). Since the Carpe Diem Foundation, Inc. owns the home property, as verified with receipt of a copy of a Settlement Statement, dated 07/26/2010, the Carpe Diem Foundation has established a lease agreement with ASI. A copy of the lease agreement was provided reflecting the terms of the lease as taking effect 12/15/2010 through 12/14/2015 for the purpose of operating a group home facility.

The home has three bedrooms, a kitchen, dining room, living room (aka a great room) and a first-floor laundry 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 North West side 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 an unfinished full-sized walk-out basement which is where the heating plant is located but has not at this time been established for regular resident use.

The Pine Lake home has three resident bedrooms with dimensions as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
North West	13'9" x 14'8"	202	2
SouthWest	13'7" x 13'6"	183	2
South East	13'8" x 13'6"	184	2
TOTAL CAPACITY:			6

The dining and living room areas offer a total of 504 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 12/15/2011, 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 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 120 degrees Fahrenheit when measured at the bathroom 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 Pine Lake 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 equipped with three fire extinguishers, two on the first floor and one in the basement. One of the first floor extinguishers is located in the laundry room adjacent to the kitchen and the other is located in a hall closet outside the resident bedrooms where a sign is posted to identify its location.

The home has two primary means of egress with wheelchair ramps at the front of the house and at the East end of the house through the side-hinged garage door. The egresses and exit doors meet the requirements of R 400.14507. Since the home is equipped with two ramps, the home is qualified for admission of residents who require a wheelchair. 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 the home phones.

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.

A gas forced-air furnace heats the facility. The applicant supplied a copy of a receipt from Carl's Heating & Cooling, dated 12/08/2010, to confirm that the furnace was inspected and was found "safe and in good operating condition". Verification was also submitted to confirm that Kobelle Plumbing, LLC had inspected the hot water heater on 12/01/10.

On 12/15/2010, the applicant supplied a copy of a receipt from Anything Electric, Inc., dated 12/09/2010, confirming that inspections of the main electrical service, the grounding system, the interconnected smoke detectors, receptacles, switches, and light fixtures were all inspected and found to be "in proper working order". A recess light in the kitchen was found to have an improper lamp causing the thermo-coupler to trip but this was corrected with installation of the proper lamp.

At the final inspection on 12/15/2010, 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 07/30/2010, 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 1686 Square Lake Road was submitted identifying its location in Bloomfield in Bloomfield Township with a proposed capacity of six. On this application, Mr. McLuckie identified a preference for a population of six women who are 18 years of age or older and a program of care for multiple population types that include mentally ill, developmentally disabled, aged, traumatic brain injured, the physically handicapped including those who require wheelchair accessibility. On the original submitted application, Mr. McLuckie noted that the Pine Lake home will be replacing the Alida Home. Once the Pine Lake home is licensed, the residents from the Alida Home will move there; and request for closure of the Alida Home will be submitted.

On 12/15/2010, Mr. McLuckie amended the original submitted application by modifying the phone and fax numbers to the home to those that are currently in effect.

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) female adults, 18 years of age and older, who have a diagnosis of a developmental disability, mental illness or traumatic brain injury.

According to its Program Statement, the Pine Lake home program provides room and board and 24 hour supervision along with basic self-care and habilitation training. A team of professionals that includes social workers, psychologists, medical staff and group home staff will assess each resident in the home to establish an Individual Plan of Care that identifies each resident's specific care needs and how services will be provided to meet those needs. This plan of care will include a behavioral support plan that is designed and implemented to address each resident's social, behavioral and developmental needs.

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. Residents will be given opportunities to participate in a variety of leisure and recreational events with transportation provided for this purpose as well as to go shopping, attend school or day programs, and maintain outside employment.

Pine Lake is a "fee-for-service" home that will accept individuals into care under a private pay agreement as well as through any of the community mental health contracting agencies in Michigan.

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 12/15/2010 showing the administrative structure for the Alternative Services, Inc. to include the ASI Board of Directors. The Board of Directors appoints an Executive Director who is over two Regional Directors who oversee various Program Coordinators (aka as administrators) who are assigned over 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 12/10/2010, Arthur Mack, President of Alternative Services, Inc. (ASI), reaffirmed that as Mr. Robert McLuckie is the Executive Director of ASI and as such, acts on behalf of the ASI Board of Directors on all licensing issues

In a letter, dated 12/09/2010, Mr. Robert McLuckie identified Stephanie Oles as the corporation's appointed administrator for the Pine Lake home. In this same letter, Mr. McLuckie also identified the Team Coordinator (aka Home Manager) Tamara Hampton as the designated person who is responsible to act on behalf of the corporation in the absence of the licensee designee and administrator.

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 three 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 in 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 is 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.

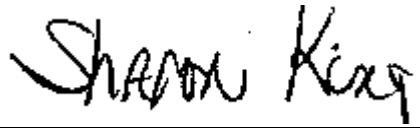
The applicant has acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

B. 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.

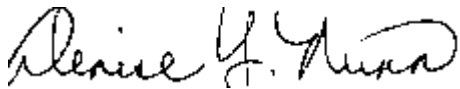


02/08/2011

Sharon King
Licensing Consultant

Date

Approved By:



02/11/2011

Denise Y. Nunn
Area Manager

Date