



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

June 8, 2012

Buddy Smith
Friends and Family, Inc.
P O Box 406
Romeo, MI 48065

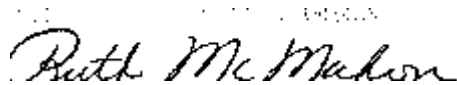
RE: Application #: AS500310013
Greenbriar
42359 Greenbriar
Clinton Twp, MI 48038

Dear Mr. Smith:

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 and special certification 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 (248) 975-5053.

Sincerely,



Ruth McMahon, Licensing Consultant
Bureau of Children and Adult Licensing
39531 Garfield
Clinton Township, MI 48038
(586) 256-1776

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500310013
Applicant Name:	Friends and Family, Inc.
Applicant Address:	240 N. Rawles Romeo, MI 48065
Applicant Telephone #:	(586) 752-0372
Administrator/Licensee Designee:	Buddy Smith, Designee
Name of Facility:	Greenbriar
Facility Address:	42359 Greenbriar Clinton Twp, MI 48038
Facility Telephone #:	(586) 263-6506
Application Date:	08/24/2010
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/24/2010	Enrollment
08/26/2010	Application Incomplete Letter Sent I326 for Buddy Smith, Licensee Designee & Administrator
09/15/2010	Contact - Document Received Licensing file received from Central Office on 9/15/2010.
09/23/2010	Application Incomplete Letter Sent
05/03/2012	Inspection Completed On-site
05/03/2012	Inspection Completed-BCAL Sub. Non-Compliance
05/15/2012	SC-Application Received - Original
06/05/2012	Inspection Completed-BCAL Full Compliance
06/05/2012	SC-Recommend DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Greenbrier home is located at 42359 Greenbriar in Clinton Township, Michigan in the County of Macomb. Friends and Family Inc. owns the property. Proof of ownership and permission to enter was submitted by the Licensee Designee, Mr. Buddy Smith.

Greenbriar Group Home is a single level home, with a brick exterior. The home has a detached garage. The home is equipped with two ramps, one at the front and one in the rear of the home off the kitchen. The home has a fenced-in back yard for residents use.

The home has a living room, a dining area, a kitchen one full bath and three resident bedrooms, and a basement which is not approved for resident use.

At the time of the initial inspection the bedrooms were measured;:

Location	Measurements	Square Feet	Capacity
Bedroom #1	9' x 10'	90	1
Bedroom #2	10' x 11'5"	114.2	1
Bedroom #3	12' x 10'	120	1

..... Total Occupancy: 3

The home has a living room that measures 13' x 15' equals 195 sq. feet, a dining area that measures 11'.5" x 5' equals 57'.1' square feet. The home has a total of feet of living space. The proposed capacity for the home is three residents. Based upon the above measurements, there will be more than the required 35 square feet per resident minimal living space available for the three residents of the home.

The bedrooms were properly furnished, clean, and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents.

The bathroom was equipped with required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene. The bathroom was equipped with soap and paper towels for hand washing. The facility was equipped with all required furnishings.

The home has a basement which is not approved for resident use. The furnace, hot water tank, and laundry facilities are located in the basement.

The home has an interconnected smoke detection system with detectors installed in the basement and on the main floor as required. The home has a fire extinguisher mounted on the first floor and in the basement as required.

Mr. Smith has been approved for a contract for the home through Macomb Oakland Regional Center. Mr. Smith submitted a Certification of Specialized Programs Application for Certification. As part of the contract, the residents of the home must be referred by Macomb Oakland Regional Center Inc.

As part of the application process Mr. Smith submitted a copy of the home's admission and discharge policies a proposed staffing pattern, a current lease, a floor plan with room use and size specifications, and current financial documents. As part of the licensing process, Mr. Smith submitted the corporate personnel policies, routine

procedures, and job descriptions for review. The documents acceptable are kept in the home and are available for review.

Mr. Smith submitted a copy of the program statement to for review and inclusion in the licensing record. The document is acceptable as written. The facility will offer a program for three developmentally disabled, female or male adults who are 18 years or older and who require 24 hour supervision. The home will provide basic self-care and rehabilitation training.

According to the Program Statement submitted by Mr. Smith the program will provide basic self-care and rehabilitation training. The staff at the home will work with professionals from the contract agency Macomb Oakland Regional Center to define what the residents of the home's needs are and how to meet those needs.

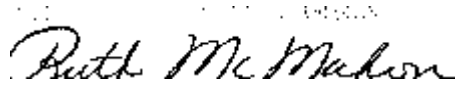
Residents of the home if eligible, will attend public school. If the residents are not eligible for public school, the home with the help of Macomb Oakland Regional Center, will assist the residents in finding a work activity program or a sheltered workshop.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire, and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through Clinton Township. Ms. Smith, the Area Supervisor stated she will conduct fire drill records as required by licensing will be maintained. Ms. Smith has indicated that it is the corporation's intent to conduct fire drills during the day, afternoon, and sleep hours on a quarterly basis, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness and fire safety.

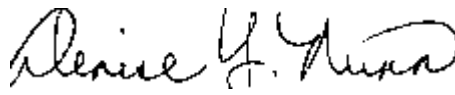
IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 3).

 6/8/2012

Ruth McMahon Date
Licensing Consultant

Approved By:

 6/8/2012

Denise Y. Nunn Date
Area Manager