



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 16, 2013

Todd Olivieri
Cencare Foster Care Homes
1933 Churchill
Mt Pleasant, MI 48858

RE: License #: AS370011291
Cencare Foster Home 4
2305 W. Deerfield
Mount Pleasant, MI 48858

Dear Mr. Olivieri:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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) 373-2506.

Sincerely,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS370011291
Licensee Name:	Cencare Foster Care Homes
Licensee Address:	1933 Churchill Mt Pleasant, MI 48858
Licensee Telephone #:	(989) 773-6200
Administrator/Licensee Designee:	Todd Olivieri, Designee
Name of Facility:	Cencare Foster Home 4
Facility Address:	2305 W. Deerfield Mount Pleasant, MI 48858
Facility Telephone #:	(989) 773-7542
Capacity:	5
Program Type:	CLF/DD

II. Purpose of Addendum

The purpose of this addendum to the original licensing study report is to modify the terms of the license to include mentally ill adults as an additional population served by the facility and included in the facility's Certification of Specialized Programs.

III. Methodology

07/03/2013 Receipt of written request (by fax) to include individuals with mental illness as a population served.

07/03/2013 Telephone call made – requesting additional documentation including licensee's experience working with the population and amended program statement.

07/11/2013 Receipt of documentation of Mr. Olivieri's experience and qualifications.

07/16/2013 Telephone call made – requesting amended program statement.

07/16/2013 Receipt of amended program statement.

07/16/2013 Receipt of Application for Certification to modify the facility's Certification of Specialized Programs to include residents with mental illness diagnoses.

IV. Description of Findings and Conclusions

The licensee made a request to add individuals with mental illness as a population served by this facility. Mr. Olivieri submitted documentation showing he has several years' experience working with individuals with mental illness. Additionally, staff of the facility have experience and training in working with individuals with mental illness.

Mr. Olivieri submitted an amended Program Statement showing that the facility will provide services to persons with developmental disability and/or mental illness, pending approval. Additionally, Mr. Olivieri submitted an Application for Certification to modify the facility's Certification of Specialized Programs to include residents with mental illness diagnoses.

V. Recommendation

I recommend that the terms of the license for this facility be changed to include mentally ill adults as an additional population served by the facility. Additionally, I recommend that mental illness be added to the facility's Certification for Specialized Programs.



Diane L Stier
Licensing Consultant

July 16, 2013

Date