



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

September 13, 2013

Jennifer Spencer  
Alternative Services Inc  
Suite 10  
32625 W Seven Mile Rd  
Livonia, MI 48152

RE: Application #: AS150344861  
Charlevoix House  
203 East Garfield  
Charlevoix, MI 49720

Dear Ms. Spencer:

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 (517) 241-2585.

Sincerely,

Marcia S. Elowsky, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4924

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS150344861
<b>Applicant Name:</b>	Alternative Services Inc
<b>Applicant Address:</b>	Suite 10 32625 W Seven Mile Rd Livonia, MI 48152
<b>Applicant Telephone #:</b>	(248) 471-4880
<b>Licensee Designee:</b>	Jennifer Spencer
<b>Administrator:</b>	George Gray
<b>Name of Facility:</b>	Charlevoix House
<b>Facility Address:</b>	203 East Garfield Charlevoix, MI 49720
<b>Facility Telephone #:</b>	(231) 587-8150
<b>Application Date:</b>	07/16/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

07/16/2013	Enrollment
07/24/2013	Application Incomplete Letter Sent
08/06/2013	Application Incomplete Letter Sent
08/30/2013	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a two story home located in a residential area near downtown Charlevoix. The first floor consists of a foyer, living room, family room, kitchen and dining area, 3 resident bedrooms and a full bathroom. The upstairs consists of a sitting room, office, two resident bedrooms and two full bathrooms. There is a front porch and a deck off the family room. The facility is not wheelchair accessible.

The gas furnace and hot water heater are located in the basement, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware at the top of the stairs.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'8" x 10'5" 9' x 2'4"	184	1 or 2
2	15'8" x 10'5"	163	1
3	13' x 11'	143	1
4	14'8 x 10'5"	152	1
5	16'8" x 11'5"	190	1 or 2

The indoor living and dining areas measure a total of 707 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) female residents who have a developmental disability and/ or mental illness. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from North Country Community Mental Health.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches and community events. These resources provide an environment to enhance the quality of life and increase the independence of residents.

## **C. Applicant and Administrator Qualifications**

The applicant is Alternative Services Inc. a “Non Profit Corporation”, established in Michigan on 02/24/78. 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 Services Inc. has submitted documentation appointing Jennifer Spencer as licensee designee for this facility and George Gray as the administrator of the facility.

Criminal history background checks of Ms. Spencer and Mr. Gray were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Spencer and Mr. Gray submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Spencer has a Master’s Degree in Social Work and has worked in the mental health field since 1994. Mr. Gray has been the employed by Alternative Services, Inc. since June 2009 and has over 11 years of experience working with persons with a developmental disability and/ or mental illness.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their

behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) *or licensee designee* will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created

for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

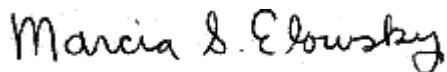
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six (6).



09/13/13

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Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:



09/13/13

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Betsy Montgomery  
Area Manager

Date