



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
LANSING

DAVID C. HOLLISTER  
DIRECTOR

April 16, 2003

Jamie Bragg-Lovejoy  
ACL Inc  
70 Lafayette  
Pontiac, MI 48342

RE: Application #: AS500255033  
Autumn Manor  
53464 Dequindre  
Shelby Twp, MI 48342

Dear Ms. Bragg-Lovejoy:

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 recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Candyce Crompton, Area Manager, at (586) 412-6846.

Sincerely,

Vince Ferreri, Licensing Consultant  
Bureau of Family Services  
Suite 301  
16000 Hall Road  
Clinton Township, MI 48038  
(586) 412-6831

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES  
BUREAU OF FAMILY SERVICES  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500255033
<b>Applicant Name:</b>	ACL Inc
<b>Applicant Address:</b>	70 Lafayette Pontiac, MI 48342
<b>Applicant Telephone #:</b>	(248) 338-7458
<b>Administrator/Licensee Designee:</b>	Jamie Bragg-Lovejoy, Designee
<b>Name of Facility:</b>	Autumn Manor
<b>Facility Address:</b>	53464 Dequindre Shelby Twp, MI 48342
<b>Facility Telephone #:</b>	(248) 338-7458
<b>Application Date:</b>	10/25/2002
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

10/25/2002	Enrollment
04/16/2003	Inspection Completed On-site
04/16/2003	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a brand new brick ranch style structure with a full basement and attached two car garage. It is located in suburban Shelby Township on a 90ft. by 120 ft. residential lot. The home was built with the intent to lease the property to the Macomb County Community Mental Health for use as an adult foster care home. The home is very attractive and has over 2600 sq. ft. of floor space. The main level contains a foyer, great room, a gathering room, kitchen with attached dining area, an office, a den, two full bathrooms and three resident bedrooms. Laundry facilities are also on this level in the utility room. The home exceeds minimum standards for multipurpose space.

The bedrooms are designated as follows:

- Bedroom # 1 contains 195 sq. ft. and will accommodate two residents.
- Bedroom # 2 contains 146 sq. ft. and will accommodate two residents.
- Bedroom # 3 contains 146 sq. ft. and will accommodate two residents.

The consultant conducted a fire safety inspection on 04/16/03 and found the facility in full compliance. The facility has an electrically powered interconnected hard-wired smoke detection system with battery back up. The plumbing, electrical and heating systems were all in good working condition. The facility is served by public water and sewer systems. The home has wheelchair ramps at two entrances and may accommodate wheelchair bound residents.

The applicant, New Passages, will operate the facility under contract with the Macomb County CMH. New Passages is a non-profit corporation and currently operates over 36 licensed facilities in Michigan for the Mentally Ill and Developmentally Disabled. The proposed Licensee is ACL Inc. dba New Passages. The licensee designee and administrator is Jamie-Bragg Lovejoy. She has acted in the capacity of administrator for over 7 years. The corporation has been active in adult foster care since 1988. Good Moral conduct requirements were explained to the license designee and she expressed her understanding and intent to comply.

Zoning approval is not required for this facility because it meets the requirements of the Federal fair housing Amendment.

**B. Program Description**

All application materials were reviewed on site during the final inspection of 04/16/03.

Upon review, the consultant has determined the applicant was in full compliance with all applicable rules and regulations. In addition, the Program Statement, Admission/Discharge Policy, Refund Policy, Personnel Policy and Staffing Plan were reviewed and found to be acceptable.

This facility offers a program for mentally ill adults. The proposed residents are all female.

Record keeping requirements for resident and employee files as well as facility records were explained to the applicant. The licensee designee expressed her understanding and intent to comply with the requirements.

**IV. CONCLUSION**

No rule violations were observed.

**V. RECOMMENDATION**

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

\_\_\_\_\_  
Vince Ferreri Date  
Licensing Consultant

Approved By:

\_\_\_\_\_  
Candyce Crompton Date  
Area Manager