Bureau of Regulatory Services Carole Hakala Engle, Director

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July 16, 2002

Mary Clissold **CMHB Of CEI Counties** 812 E Jolly Road Lansing, MI 48910

RE: Application #: AS190243346

Wieland Home 1520 Wieland Lansing, MI 48906

Dear Ms. Clissold:

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 4 is issued effective 7/17/02.

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 Deborah Wood, Area Manager, at (517) 334-7423.

Sincerely,

Barbara Williams, Licensing Consultant Bureau of Regulatory Services 1301 Sunset P.O. Box 30272 Lansing, MI 48909 (517) 334-7416

enclosure

MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES BUREAU OF REGULATORY SERVICES ADULT FOSTER CARE LICENSING DIVISION LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #: AS190243346

Applicant Name: CMHB Of CEI Counties

Applicant Address: 812 E Jolly Road

Lansing, MI 48910

Applicant Telephone #: (517) 374-8000

Administrator/Licensee Designee: Mary Clissold, Licensee Designee

Name of Facility: Wieland Home

Facility Address: 1520 Wieland

Lansing, MI 48906

Facility Telephone #: (517) 487-3643

Application Date: 10/30/2001

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/30/2001 Enrollment

05/14/2002 Inspection Completed-Environmental Health: A

06/24/02 Onsite Inspection

06/26/02 Confirming Letter Sent

07/15/02 Onsite Inspection-BRS Full Compliance

0715/02 Inspection Completed-Fire Safety: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Wieland is a ranch style, newly constructed facility located on the north side of Lansing, Michigan. The facility consists of two living rooms, two full bathrooms, a kitchen, dining room, four single occupancy resident bedrooms, medication room and a basement.

The facility has ample living room space. The facility had the following bedroom measurements:

1. Northwest Bedroom 123 square feet (1 resident)

2. Northeast Bedroom 145 square feet (1 resident)

3. Southwest Bedroom 123 square feet (1 resident)

4. Southeast Bedroom 145 square feet (1 resident)

The facility is incompliance with adult foster care environmental and fire safety rules.

The facility is exempt from obtaining zoning approval due to the Federal Fair Housing Amendment.

B. Program Description

The licensee for this facility is Community Mental Health Board of Clinton Eaton Ingham Counties (CMHB of CEI Counties). Mary Clissold has been designated as the licensee designee and the administrator for this facility. Ms. Clissold's Licensing Record Clearance and medical information indicate that she is of good moral character and has

no medical issues to prevent her from providing adult foster care to dependent adults. Based on information submitted Ms. Clissold meets the requirements of the rules pertaining to competency, experience, and qualifications regarding a licensee and administrator. Ms. Clissold has designated Anita Poe as the responsible person for this facility.

According to the Program Statement two staff persons will work during the day time hours and 1 staff person during the sleeping hours. The intent of the program is to allow individuals to live in a more independent environment to encourage the development of independent living skills while maintaining a rich resident/ staff ratio to address behavioral issues as they arise. There will be a strong focus on community integration for all the individuals. Additionally, all the residents will participate in work program, volunteer opportunity or some other inclusion activity during the day.

Information submitted to this consultant indicates that CMHB of CEI Counties is leasing the property at 1520 Wieland, Lansing, Michigan from Fred Schaefer.

Financial statements submitted to this consultant indicate that CMHB of CEI Counties is financially stable and capable of providing adult foster care.

The procedures the facility will use to determine good moral character of staff include application process, reference, driver license and criminal history checks and interview process.

Forms related to record keeping were reviewed with the responsible person, Anita Poe. Ms. Poe was made aware of the rules related to handling and accounting of the resident funds and valuables.

Wieland Home will accept 4 Men who have developmental disabilities.

The facility will assure the availability of transportation. The facility will provide personal care, 24-hour supervision, protection and recreational activities.

C. Rule/Statutory Violations

There were no observed violations with the rules and act that govern adult foster care small group homes.

IV. RECOMMENDATION

Barbara Williams Licensing Consultant	Date
Approved By:	
Deborah Wood Area Manager	Date

I recommend issuance of a temporary license to Wieland Home to provide adult foster care with a capacity of four.