



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 23, 2019

Lorinda Anderson
Community Living Options
626 Reed Street
Kalamazoo, MI 49001

RE: License #: AS390092832
CLO/Cliffwood Home
127 Cliffwood Avenue
Portage, MI 49002

Dear Ms. Anderson:

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

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS390092832
Licensee Name:	Community Living Options
Licensee Address:	626 Reed Street Kalamazoo, MI 49001
Licensee Telephone #:	(269) 343-6355
Licensee Designee:	Lorinda Anderson
Administrator:	Lorinda Anderson
Name of Facility:	CLO/Cliffwood Home
Facility Address:	127 Cliffwood Avenue Portage, MI 49002
Facility Telephone #:	(269) 323-7257
Capacity:	6
Program Type:	MENTALLY ILL

II. Purpose of Addendum

The facility is currently licensed to provide 24-hour supervision, protection and personal care to residents with a mental health diagnosis and holds a certification of specialized programs for the mentally ill population. License designee and administrator Lorinda Anderson has requested the facility also provide adult foster care services to the developmentally disabled population.

Ms. Anderson submitted an updated Program Statement and Admission Policy that includes the program goals and services to be provided to the mentally ill and developmentally disabled population. The facility's program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, an opportunity for involvement in educational and/or day programs and employment, as well as transportation. The facility has a current contractual relationship with Kalamazoo County Community Mental Health (CMH), as well as with other CMH service agencies. Referrals to the facility will typically be made by the potential residents' primary clinicians, through the residents' connected CMH service agency.

If needed by residents, behavior interventions and specialized interventions will be identified in the resident's 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 facility to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance residents' quality of life and increase their independence.

Ms. Anderson meets the qualifications and training requirements identified in the group home administrative rules and has over 36 years of experience working with both the mentally ill and developmentally disabled populations. Direct care staff are currently trained to provide services to both populations. Training verification is maintained in the employees' records.

III. Methodology

On 09/12/2019 Ms. Anderson requested the facility provide 24-hour supervision, protection and personal care to residents with a developmental disability, in addition to residents who have been diagnosed with a mental illness. Along with this request, Ms. Anderson submitted a revised Program and Admission Statement, as well as verification she meets the qualifications and training requirements identified in the group home administrative rules.

On 09/17/2019 Ms. Anderson submitted to the department an application of specialized programs for both the mentally ill and developmentally disabled populations.

IV. Description of Findings and Conclusions

Compliance with the licensing act and administrative rules related to Program Type have been determined.

V. Recommendation

I recommend the developmentally disabled population be added to the facility's program type.

Michele Streeter

09/17/2019

Michele Streeter
Licensing Consultant

Date

Dawn Timm

09/23/2019

Dawn Timm
Area Manager

Date