



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

January 16, 2004

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

RE: Application #: AS500262771  
Broaderick  
31370 Broaderick  
Chesterfield Twp, MI 48051

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 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 (586) 412-6802.

Sincerely,

Vincenzo Ferreri, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 301  
16000 Hall Road  
Clinton Township, MI 48038  
(586) 412-6831

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS500262771

**Applicant Name:** ACL Inc

**Applicant Address:** 70 Lafayette  
Pontiac, MI 48342

**Applicant Telephone #:** (248) 338-7458

**Administrator/Licensee Designee:** Jamie Bragg-Lovejoy, Designee

**Name of Facility:** Broaderick

**Facility Address:** 31370 Broaderick  
Chesterfield Twp, MI 48051

**Facility Telephone #:** (248) 338-7458

**Application Date:** 10/10/2003

**Capacity:** 6

**Program Type:** MENTALLY ILL

## II. METHODOLOGY

10/10/2003	Enrollment
12/09/2003	Inspection Completed On-site
01/16/2004	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a single story brick ranch style home located on a resident lot in Chesterfield Township, Michigan. The home has three bedrooms, a recreational room, an office, a large living room and a kitchen with an adjoining dining room. There are two and one half baths, a laundry room and a two car attached garage. The furnace and hot water heater are located in the basement. The neighborhood is residential in character. The home has more than the required amount of multipurpose space and will accommodate six ambulatory residents. The facility has a wheelchair ramp on the side of the house. However, two ramps are needed for wheelchair bound residents. Therefore the home is not approved to accommodate wheelchair bound residents.

The bedrooms are designated as follows:

- Bedroom # 1 contains 172 sq. ft. and will accommodate two residents
- Bedroom # 2 contains 168 sq. ft. and will accommodate two residents.
- Bedroom # 3 contains 168 sq. ft. and will accommodate two residents.

The facility is served by public water and sewer systems. The consultant conducted a fire safety inspection on 01/16/2004 and found the facility to be in full compliance with all applicable fire safety rules and regulations. The facility has an electrically powered interconnected hard-wired smoke detection system with a battery back up. The plumbing, electrical and heating systems were all in good working condition.

The building is leased to the Macomb County CMH and the facility is operated under contract with Macomb CMH by the applicant, ACL, Inc., which is doing business as New Passages. ACL, Inc. is a non-profit corporation and currently operates over 36 licensed facilities. The applicant has many years experience operating adult foster care facilities for the mentally ill.

The licensee is ACL, Inc. and the licensee designee/administrator is Jamie Bragg-Lovejoy. Bruce Dunton is a director for the licensee and in charge of the facility

development. Good Moral Conduct requirements were explained to him and he indicated his intention to comply.

Zoning approval is not required for this facility as it meets the requirements of the Federal Fair Housing Amendment.

**B. Program Description**

All application materials were reviewed either on site or in the office. 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 of both genders.

Record keeping requirements for resident and employee files as well as facility records were discussed with the applicants representative on 12/09/2003. He expressed his understanding and intent to comply with the requirements.

**IV. CONCLUSIOS**

No rule violations were observed at the final inspection on 01/16/2004.

**V. RECOMMENDATION**

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

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Vincenzo Ferreri Date  
Licensing Consultant

Approved By:

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