

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



August 20, 2004

Tracie Hernandez, Designee Cornerstone II, Inc P. O. Box 277 Bloomingdale, MI 49026

> RE: Application #: AS120265532 Cornerstone II AFC 157 W. Garfield Rd. Coldwater, MI 49036

Dear Ms Hernandez:

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 5 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) 780-7159.

Sincerely,

Mary E Holton, Licensing Consultant Office of Children and Adult Licensing 301 E. Louis Glick Hwy Jackson, MI 49201 (517) 780-7482

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS120265532
Applicant Name:	Cornerstone II, Inc
Applicant Address:	44409 Baseline Rd. Bloomingdale, MI 49026
Applicant Telephone #:	(269) 521-4130
Administrator/Licensee Designee:	Tracie Hernandez, Designee
Name of Facility:	Cornerstone II AFC
Facility Address:	157 W. Garfield Rd. Coldwater, MI 49036
Facility Telephone #:	(517) 278-0313
Application Date:	03/23/2004
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/23/2004	Enrollment
03/25/2004	Inspection Report Requested - Health
05/19/2004	Inspection Completed-Env. Health : D
06/01/2004	Contact - Document Sent Copy of Environmental Health Disapproval submitted to applicant. Requesting CAP.
06/07/2004	Contact - Document Received Variance request to Rule 400.4401(1) regarding Environmental health disapproval.
06/09/2004	Contact - Telephone call made On or about 6/09/04 interview with Branch County Sanitarium, he stated reverse osmosis system and bottle water would provide an acceptable water supply for the residents. Would not provide this in writing.
06/21/2004	Contact - Telephone call received Phone conversation with Ms. Hernandez. Informed her that the variance request would be submitted to area manager today.
06/21/2004	Contact - Document Sent Variance submitted to area manager.
07/09/2004	Contact - Telephone call made Phone message to Ms. Hernandez, attempted to schedule initial onsite inspection.
07/13/2004	Rule Variance/Exemption Granted R 400.14401(1) Environmental health
07/26/2004	Inspection Completed On-site
07/26/2004	Inspection Completed-BFS Sub. Compliance
08/18/2004	Inspection Completed – BFS Full compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This newly remodeled ranch style one story home is located on a paved road outside the city limits of Coldwater. The home is situated on a large corner lot, with a connected garage on the west side of the home. The facility has three bedrooms, a living area, a dining area, kitchen, laundry area, one full bathroom and a small office room. The facility utilizes natural gas. The home has private water and septic.

The facility has gray vinyl siding with black trim. The roof appears to be in good condition and this facility has a gravel driveway located on the south side of the facility. The front door is located on the north side of the home facing the paved road. The front door opens to a hallway that connects to the dining area, kitchen, living room, utility room and the three bedrooms. The dining room measures 199 square feet and the living room measures 203 square feet. There are two exits established as means of egress during an evacuation, one on the north side of the facility that is the main entrance and the other on the south end of the facility.

There is one full bathroom located on the west side of the facility. The bathroom has double sinks, a shower and a sunken bathtub.

The gas hot water heater is located in the southeast hallway, behind the wall, and has a pressure valve.

The three resident bedrooms are located on the west side of the home and are connected by a hallway. The resident bedrooms measure as follows:

Bedroom #1	11'10" x 12'8" + 3'10" x 1'10" = 156.76 sq. ft.	(2 Residents)
Bedroom #2	9"5" x 10'10" = 102.01 sq ft.	(1 Resident)
Bedroom #3	13' x 11'8" + 2' x 3'8" = 158.90 sq. ft.	(2 Residents)

The home has a large garage that contains the furnace. The furnace was inspected by a professional heating company on 7/14/04 and found to be in good working condition. The garage has two garage doors and also a separate door. The garage cannot be entered from the home.

The home has received a variance for the Environmental Health Inspection completed on 5/19/04 that found the nitrates to exceed state levels. The home is utilizing a reverse osmosis system on both sinks in the bathroom, and also on the two kitchen faucets. The home is also providing bottled water for the residents. Tracie Hernandez is purchasing the home via a land contract. A copy of the land contract is contained in the licensing record.

B. Program Description

1. Administrative structure and capability:

Cornerstone II Inc. is the corporate applicant. Tracie Hernandez is the license designee and administrator for the facility. Ms. Hernandez has a high school diploma, and has owned and operated adult foster care homes for the past 8 years. Ms. Hernandez has 8 years of experience working with the developmentally disabled, the mentally ill and the physically handicapped and three years of experience working with traumatic brain injured adults. Ms. Hernandez is certified in First Aid and CPR and produced certificates of training from mental health agencies as well as certification in CPR and First Aid. Ms. Hernandez meets all of the requirements as licensee designee and administrator for a small group home license.

The application and supporting documentation have been reviewed and found to be in substantial compliance with the rules and regulations pertaining to the administrative capabilities of the applicant.

A proposed annual budget has been submitted and reviewed.

2. Program Information:

The program statement for the facility states that the facility will admit men and women over 18 years of age who may be mentally ill, developmentally disabled, physically handicapped or traumatic brain injury. No smoking is allowed in the facility. The facility cannot accommodate wheelchairs.

3. Facility and Staff Records:

The applicant has submitted a job description, personnel policies, procedures and practices for the administrator and staff to follow. The licensing medical clearance request form indicates Ms. Hernandez, license designee and administrator, received a physical health care appraisal on 8/19/04, and a TB test was completed on 5/27/03 and found to be negative.

Emergency plans for medical emergencies, f ire, facility repairs and severe weather have been reviewed and found acceptable. The home has an interconnected smoke alarm system that was inspected by a certified fire safety inspector and found to be in good working condition on 7/14/04.

Resident records and staff records will be retained at the facility at all times.

C. Conclusions:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection. Determination of the Special Certification eligibility will be made at the time of the renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC small group home with a capacity of 5 residents.

Mary E Holton Licensing Consultant Date

Approved By:

Betsy Montgomery Area Manager Date