



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

October 28, 2004

Rosemary Pierson
Northern Lakes Community Mental Health
527 Cobbs Street
Cadillac, MI 49601

RE: Application #: AS200263280
Jones Lake AFC Home
3463 Jones Lake Rd
Grayling, MI 49738

Dear Ms. Pierson:

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 and temporary special certification 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 (231) 922-5309.

Sincerely,

Marcia S. Elowsky, Licensing Consultant
Office of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5472

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS200263280

Applicant Name: Northern Lakes Community Mental Health

Applicant Address: Suite A
105 Hall Street
Traverse City, MI 49684

Applicant Telephone #: (989) 348-0014

Administrator/Licensee Designee: Rosemary Pierson, Designee

Name of Facility: Jones Lake AFC Home

Facility Address: 3463 Jones Lake Rd
Grayling, MI 49738

Facility Telephone #: (989) 348-2461

Application Date: 12/01/2003

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/01/2003	Enrollment
12/10/2003	Inspection Report Requested - Health
12/10/2003	Comment Transferred to area mgr for onsite inspection
01/05/2004	Inspection Completed-Env. Health: A
05/25/2004	SC-Application Received - Original
10/21/2004	Inspection Completed On-site
10/21/2004	Inspection Completed-BFS Full Compliance
10/25/2004	SC-Certification issued DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch style home, with an attached garage, located in a residential area about three miles northeast of Grayling. This facility consists of 4 bedrooms, two bathrooms, kitchen, dining room, living room, utility room and heat plant room. The facility was built in 1990. The facility is nicely furnished and well maintained.

An environmental health inspection occurred on 01/05/04, at which time the sanitation determined the facility to be in substantial compliance with applicable rules relating to the private well and septic system. The Bureau of Construction Codes and Fire Safety completed an annual fire safety inspection on 02/25/04. The facility was found to be in substantial compliance. On 01/16/04, Simplex Grinnell completed testing at the facility of the fire alarm system. All tested devices functioned properly. On 06/02/04, Peninsula Fire Protection inspected the automatic sprinkler system at the facility. This consultant completed an on-site inspection on 10/21/04 and determined the facility to be in full compliance with applicable rules and statues.

B. Program Description

Northern Lakes Community Mental Health operates Jones Lake AFC Home. Northern Lakes Community Mental Health is an established provider of adult foster care services in northern Michigan. North Central Community Mental Health completed a merger with Great Lakes Community Mental Health on October 1, 2003, and became Northern Lakes Community Mental Health. The Jones lake Home was licensed to North Central Community Mental Health prior to the merger. The current population at Jones Lake

AFC Home are developmentally disabled and physically handicapped adults. The licensee has applied for special certification to provide specialized programming to developmentally disabled adults, to include long term habilitation services through person centered planning in a community setting to individuals with a developmental disability.

C. Rule/Statutory Violations

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a temporary license and temporary special certification to this AFC adult small group home (capacity 1-6).

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:

Christina Gut
Area Manager

Date