



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

February 8, 2005

Bobbie Christian
23235 Liberty
St Clair Shores, MI 48080

RE: Application #: AF500265762
Liberty Manor
23235 Liberty
St Clair Shores, MI 48080

Dear Ms. Christian:

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,

Maureen J. Fisher, Licensing Consultant
Office of Children and Adult Licensing
Suite 301
16000 Hall Road
Clinton Township, MI 48038
(586) 412-6832

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF500265762
Applicant Name:	Bobbie Christian
Applicant Address:	23235 Liberty St Clair Shores, MI 48080
Applicant Telephone #:	(586) 773-8308
Administrator/Licensee Designee:	N/A
Name of Facility:	Liberty Manor
Facility Address:	23235 Liberty St Clair Shores, MI 48080
Facility Telephone #:	(586) 756-3738
Application Date:	03/30/2004
Capacity:	6
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

03/30/2004	Enrollment
04/08/2004	Contact - Telephone call made Inquiry re: preliminary inspection. Documentation requirements reviewed. Inspection scheduled for 5/12/2004.
05/07/2004	Contact - Telephone call received Request to delay prelim inspection; home not ready.
07/13/2004	Contact - Telephone call made Inquiry re: readiness for prelim inspection. Will call within next few weeks to schedule.
10/12/2004	Application Incomplete Letter Sent
10/19/2004	Contact - Face to Face Will send documents; inspection scheduled.
11/09/2004	Inspection Completed On-site Prelim inspection; documents still needed.
11/09/2004	Contact - Telephone call made Inquiry to OFS regarding furnace in attic; conf. with J. Perry.
02/04/2005	Inspection Completed On-site Final inspection
02/08/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a vinyl sided, two story home with at least two means of egress located in an urban area close to community resources including hospitals, churches, shopping centers, and recreational opportunities. The home does not have a basement or a garage; a large wood deck is located at the rear of the home and a utility shed is located on the west side of the house. The home is located on a lot measuring 40' x 138' and is bordered at the rear by a canal. The backyard of the home is fenced. The second story of this home was added to the structure in 2004 and designed specifically for the purpose of licensure as an adult foster care facility. The addition has been inspected and approved by local officials as meeting construction codes of the city of St. Clair Shores. Mrs. Christian has provided documentation verifying that she is the owner of the home.

The first floor of the home consists of a kitchen, dining room, living room, two bathrooms, two bedrooms, and a utility room that contains laundry facilities and a water heater. The first floor bedrooms are designated for use by the licensee, her spouse, and her two children. The second floor of the facility consists of 6 bedrooms, a family room with wet bar, and a bathroom. The furnace is located in the attic of the facility. The licensee reports that she intends to have all residents housed in the bedrooms on the second floor of the home; therefore, individuals with impaired mobility will not be appropriate for this facility.

The facility has an interconnected, hard-wire fire detection system with the exception of the smoke detector located in the kitchen. Evacuation plans and emergency phone numbers have been posted as required.

The facility features public water and sewage systems. The facility is in compliance with administrative rule requirements pertaining to environmental health, food service, and maintenance of the premises.

The home has gas, forced-air heat.

The second floor bedrooms were the only bedrooms measured for capacity since they have been designated as intended for resident use. The bedrooms measure as follows:

Southwest	9'10" x 10' (minus 14 sq feet at entry)	84 square feet
Southwest/front	9'9" x 9'	88 square feet
Southeast/front	9'9" x 9'	88 square feet
Southeast	9'2" x 9'5"	86 square feet
Northwest/rear	9' x 9'	81 square feet
Northeast/rear	8'10" x 9'2"	81 square feet

Each bedroom will accommodate one resident.

Living space is located on the first and second floors of the facility and measure as follows:

First floor living room	25' x 10'5"	260.5 square feet
First floor dining room	8 x 12'3"	98 square feet
Second floor family room	17'8" x 15'11"	281 square feet

The facility has adequate community space to accommodate the four members of the Christian family and six residents.

B. Program Description

On 3/30/2004, the Department received an application for licensure from Bobbie Christian to provide a program for six aged or mentally ill residents, ambulatory male or female adults, ages 40-80. Mrs. Christian is an experienced provider of adult foster

care as she is the licensee and administrator of the Toepfer Home, a small group home located in Warren, Michigan.

Mrs. Christian intends to be the primary caregiver at the family facility with assistance from her husband. She and her husband have been trained in First Aid and CPR procedures. Mr. And Mrs. Christian and their two children will occupy the facility with a maximum of six adult foster care residents.

The application and supporting documentation have been reviewed and found to be in substantial compliance with rules pertaining to administrative structure and capability. The responsible person is Bobbie Christian. Licensing record clearance requests for Bobbie and James Christian are on file.

A current medical clearance request and release form has been received certifying that both Mr. And Mrs. Christian are in good health and free from communicable tuberculosis. A letter has been received from the children’s pediatrician indicating that they are in good health and would not be adversely affected by living in the facility.

At final inspection, the facility was determined to be in compliance with administrative rule requirements relating to administrative qualifications and health.

Facility and employee records have been discussed with Mrs. Christian. As an experienced provider, Mrs. Christian is knowledgeable as to rule requirements pertaining to resident care, resident rights, resident protection, behavior management, resident health care, absence without notice, resident medications, resident nutrition, resident hygiene, resident funds, and resident recreation. There are no AFC residents currently residing in the facility. All required records will be reviewed prior to the expiration of the six-month temporary license.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 6).

Maureen J. Fisher Date
Licensing Consultant

Approved By:

Candyce Crompton Date
Area Manager