



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW
DIRECTOR

March 17, 2005

Edward Schultz
Innovative Housing Dev Corp
Suite 5
3051 Commerce Drive
Fort Gratiot, MI 48059

RE: Application #: AS740271028
Hopps
2720 Woodstock
Port Huron, MI 48060

Dear Mr. Schultz:

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 DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS740271028

Applicant Name: Innovative Housing Dev Corp

Applicant Address: Suite 5
3051 Commerce Drive
Fort Gratiot, MI 48059

Applicant Telephone #: (313) 329-7924

Administrator/Licensee Designee: Edward Schultz, Designee

Name of Facility: Hopps

Facility Address: 2720 Woodstock
Port Huron, MI 48060

Facility Telephone #: (810) 385-4463
10/11/2004

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/11/2004	Enrollment
10/15/2004	Application Incomplete Letter Sent need items 17, 30, 34, 44 completed.
10/19/2004	Contact - Document Received all items completed
10/28/2004	Application Incomplete Letter Sent Letter to applicant re additional documentation needed.
11/02/2004	Inspection Completed On-site Prelim inspection
12/15/2004	Contact - Telephone call received Case conference with CMH regarding progress in completing needed corrections.
02/04/2005	Contact - Document Received Corporate and facility documents received; list of repairs/modifications still to be made received.
03/10/2005	Application Complete/On-site Needed
3/10/2005	Onsite inspection completed.
3/16/2005	Final documentation received.
3/16/2005	Onsite inspection completed; full compliance.
3/16/2005	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in the City of Port Huron within a residential neighborhood within the proximity of medical resources, community facilities, shopping resources, and recreational resources. The structure is a ranch-style home on a concrete-slab foundation with an attached 2-car garage. The exterior of the home is finished with vinyl siding and brick trim at the front of the home. The home has a large wood deck at the rear of the structure.

The facility features four bedrooms, a family room, a community room, dining room, kitchen with laundry/utility area, and two bathrooms. The electric water heater is

enclosed and located in the hallway leading from the kitchen to the attached garage. The furnace is located within the garage.

The dimensions of the rooms are as follow:
Bedrooms:

Northeast	213 square feet	can accommodate 2 residents
Southwest	136 square feet	can accommodate 2 residents
West	104 square feet	can accommodate 1 resident
North	127 square feet	can accommodate 1 resident

Community space:

Dining room	210 square feet
Family room	493 square feet
Community room	320 square feet

The square footage of community space is adequate for six residents.

The facility is serviced by public water and sewer systems. This consultant conducted a fire safety inspection on 3/10/2005 and found the facility in full compliance with all applicable fire safety rules and regulations. The home has fireplaces located in the northeast bedroom and family room and a wood-burning stove/fireplace insert located in the dining room. The licensee has provided a letter indicating that these fireplaces will not be used. There is a tube heater located in the garage; the licensee has had the heating systems inspected and provided documentation that the tube heater meets local code requirements. The facility has an electrically powered, interconnected, hard-wire smoke detection system with a battery back up. The plumbing, electrical, and heating systems were all in good working condition on 3/10/2005.

The facility is owned by Community Mental Health who has contracted with Innovative Housing Development Corporation as Licensee to manage the home and provide services to residents. The corporation has named Edward Schultz, Executive Director of Innovative Housing Development Corporation, as the Licensee Designee for the Hopps facility; Mindy Wiegand has been named as the Administrator. The corporation is experienced in the provision of services to individuals with developmental disabilities, physical handicaps, and mental illnesses and currently manages 11 other facilities, all located in St. Clair County. Mr. Schultz and Ms. Wiegand have provided documentation certifying their good health and that they are free of communicable tuberculosis. Licensing record clearances have been completed as to both individuals.

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

