



JENNIFER M. GRANHOLM  
GOVERNOR

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

MARIANNE UDOW  
DIRECTOR

July 14, 2005

Kathy Wilgenhof  
New Horizon Support Services, Inc.  
PO Box 6952  
Traverse City, MI 49696

RE: Application #: AS280269470  
Carriage Hill AFC  
2425 E Carriage Hill  
Traverse City, MI 49686

Dear Ms. Wilgenhof:

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. Also, your application for certification for a specialized program for residents with developmental disabilities/mental illness has been accepted and a temporary certification approved.

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,

Terry Ibbotson, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5475

enclosure



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

**I. IDENTIFYING INFORMATION**

**License #:** AS280269470

**Applicant Name:** New Horizon Support Services, Inc.

**Applicant Address:** Suite 9  
1650 Barlow St.  
Traverse City, MI 49696

**Applicant Telephone #:** (231) 929-4200

**Administrator/Licensee Designee:** Kathy Wilgenhof, Designee

**Name of Facility:** Carriage Hill AFC

**Facility Address:** 2425 E Carriage Hill  
Traverse City, MI 49686

**Facility Telephone #:** (231) 933-9088

**Application Date:** 08/23/2004

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

08/23/2004	Enrollment
08/26/2004	Inspection Report Requested - Health
08/26/2004	File Transferred To Field Office TC
09/01/2004	Inspection Completed-Env. Health : A
12/15/2004	Application Incomplete Letter Sent
04/21/2005	Application Incomplete Letter Sent
05/02/2005	Contact - Document Received
05/04/2005	Application Incomplete Letter Sent
05/18/2005	Contact - Document Received
05/25/2005	Inspection Completed On-site
05/25/2005	Application Incomplete Letter Sent
06/28/2005	Inspection Completed On-site
07/06/2005	Document received
07/14/2005	Contact – Telephone call received

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a ranch style, wood-sided home with attached garage located in a residential neighborhood just south of Traverse City. The home is on a single level with a full basement. It has a fenced-in back yard with a patio in the rear of the house. The home is heated with electric baseboard heat and has an electric water heater. Private water and sewage disposal are available and these were inspected, with full approval given by Environmental Health on 9-1-04.

The layout of the home includes a living room, a kitchen, dining area, staff full bathroom, resident full bath, and five bedrooms, each holding a single resident. The bedrooms are along two separate hallways.

AFC rule-required interconnected smoke detection was installed in the home in June, 2005. This consultant approved the home for fire safety during an inspection on 6-28-05.

The home is not wheelchair accessible.

The licensee leases the home from the homeowner for the purpose of operating an adult foster care facility. Prior written permission to inspect the home was obtained from the owner.

## **B. Program Description**

The licensee is New Horizon Support Services, Inc. The Licensee Designee and facility administrator is Kathy Wilgenhof.

The licensee intends to admit ambulatory adult male residents with mental illness and developmental disabilities. The licensee has applied for a certification for specialized care and intends to contract with Northern Lakes CMH to provide care for the mentally ill and developmentally disabled population.

It is noted that residents were in the home at the time of the licensing study through a previous agreement with Northern Lakes CMH. However, since foster care is being provided to these residents, a license is needed per Act 218 of the public acts of 1979, as amended.

A staffing schedule has been submitted by the licensee designee, which indicates a minimum of 2 staff during daytime hours and one awake staff during nighttime hours. Staff will be trained by the licensee and will attend additional CMH training as required for certified homes.

This consultant reviewed resident record requirements with Ms. Wilgenhof on 6-28-05.

The licensee has submitted all required documents for application, which have been approved by this consultant. The Office of Children and Adult Licensing Policies on management of resident funds and valuables and on determination of good moral character of staff was discussed with Ms. Wilgenhof on 6-28-05.

