



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

December 2, 2005

Mary Hall
Special Tree Residential Centers Ltd
39000 Chase Road
Romulus, MI 48174

RE: Application #: AS500274733
Chesley Drive
2640 Chesley Drive
Sterling Heights, MI 48310

Dear Ms Hall:

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 (248) 975-5053.

Sincerely,

Maureen J. Fisher, Licensing Consultant
Office of Children and Adult Licensing
Suite 358
41000 Woodward
Bloomfield Hills, MI 48304
(586) 412-6832

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500274733
Applicant Name:	Special Tree Residential Centers Ltd
Applicant Address:	39000 Chase Road Romulus, MI 48174
Applicant Telephone #:	(734) 941-1142
Administrator/Licensee Designee:	Mary Hall, Designee
Name of Facility:	Chesley Drive
Facility Address:	2640 Chesley Drive Sterling Heights, MI 48310
Facility Telephone #:	(586) 979-2740 03/24/2005
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/24/2005	Enrollment
03/29/2005	Application Incomplete Letter Sent
04/13/2005	Application Incomplete Letter Sent
06/17/2005	Contact - Telephone call made Per applicant, home being renovated. No timeline for completion of renovations.
08/22/2005	Application Complete/On-site Needed
09/12/2005	Inspection Completed On-site
11/28/2005	Inspection Completed On-site Final inspection.
12/01/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The structure is a one-story, brick and vinyl siding home situated on a lot measuring 64' x 192.6' located in a residential neighborhood in the City of Sterling Heights. This home and the surrounding community are serviced by public water and sewer systems. The home does not have a basement and is wheelchair accessible. A garage is located at the rear of the facility. The building replaces another home located on this lot and has been inspected and certified for occupancy by the local building authority. Under the Federal Fair Housing Amendment, zoning approval is not required for this facility.

The home features a living room, dining room, family room, kitchen, six bedrooms, 2 ½ baths, a staff office, utility/laundry room, and a screened porch. The home is heated by two gas, forced-air furnaces and has two gas water heaters. The stove and clothes dryers are electric. The dimensions and capacities of living space and bedrooms are as follow:

Living space:

Living room	14' x 17'1"	239 square feet
Dining room	13' x 13'5"	174.5 square feet
Family room	13' x 19'1"	248 square feet
Total		661.5 square feet

Bedrooms:

#1	11'7" x 9'10"	110.9 square feet
#2	11'7" x 10"	113.8 square feet
#3	11'3" x 9'6"	106.9 square feet
#4	11'8" x 9'6"	110.8 square feet
#5	11'11" x 10'1"	120.2 square feet
#6	11'11" x 10'1"	120.2 square feet

The maximum capacity of each bedroom is one resident, for a total of six residents. The living space is adequate for the maximum occupancy of six residents.

This consultant conducted a fire safety inspection on 11/28/2005 and found the facility to be in full compliance with applicable fire safety rules and regulations. The facility has an electrically powered interconnected hard-wire smoke and heat detection system with battery back up installed by a certified installer. The plumbing, electrical, and heating systems were inspected and approved by the local building authority and were all in good working order on the date of my inspection.

The home is owned by the licensee, Special Tree Residential Centers, Ltd., a for-profit Michigan corporation. The corporation owns and operates thirteen other facilities in Wayne, Oakland, and Saginaw counties. The applicant has several years experience operating adult foster care facilities that service physically disabled and traumatic brain injured consumers. The corporation has named Mary Jo Hall as the licensee designee and Margo Riza as the administrator for this facility. Licensing record clearances were completed as to Ms. Hall and Ms. Riza. Both are knowledgeable as to the good moral character requirements and have indicated their intent to comply.

B. Program Description

The facility will offer a program for physically handicapped and/or traumatic brain injured males and females of at least 18 years of age. All application materials were reviewed on site during the inspection of 11/28/2005 and this consultant determined that the applicant was in substantial compliance with all applicable rules and regulations. Record keeping requirements for resident and employee files as well as facility records were reviewed with the licensee designee and administrator who expressed the intention to comply with all requirements.

C. Rule/Statutory Violations

There were no violations found.

IV. RECOMMENDATION

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

_____ Maureen J. Fisher Licensing Consultant	_____ Date
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Approved By:

_____ Candyce Crompton Area Manager	_____ Date
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