

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



MARIANNE UDOW DIRECTOR

JENNIFER M. GRANHOLM GOVERNOR

December 5, 2005

Louis Hill Hill's Support Services, Inc. 16629 Jessica Ln. Romulus, MI 48174

> RE: Application #: AS820278672 Lehigh Home 26726 Lehigh Inkster, MI 48141

Dear Mr. Hill:

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 (734) 665-4740.

Sincerely,

pey Jo: Bozaik

Jeff Bozsik, Licensing Consultant Office of Children and Adult Licensing 2121 W. Stadium Ann Arbor, MI 48103 (734) 665-4741

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

I. IDENTIFYING INFORMATION

License #:	AS820278672	
Applicant Name:	Hill's Support Services, Inc.	
Applicant Address:	16629 Jessica Ln. Romulus, MI 48174	
Applicant Telephone #:		
Administrator/Licensee Designee:	Louis Hill, Designee	
Name of Facility:	Lehigh Home	
Facility Address:	26726 Lehigh Inkster, MI 48141	
Facility Telephone #:	(313) 562-6361	
Application Date:	09/02/2005	
Capacity:	6	
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED	

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II. METHODOLOGY

09/02/2005	Enrollment
09/08/2005	Application Incomplete Letter Sent Sending Itr req. 1326 for Louis Hill (licensee designee)
09/21/2005	Application Complete/On-site Needed Ann Arbor
09/21/2005	File Transferred To Field Office Ann Arbor
09/26/2005	Application Incomplete Letter Sent
10/11/2005	Inspection Completed On-site
10/24/2005	Inspection Completed On-site
12/05/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a residential neighborhood with both public water and public sewer. The facility is not wheelchair accessible. The bedroom sizes are as follows: 1) NE: 185 s.f.- 2 residents; 2) NW: 188 s.f.- 2 residents; and 3) SW: 210 s.f.- 2 residents. The living room has 278 s.f. of usable space. The maximum capacity is 6 residents.

B. Program Description

The licensee provides residential services to the MI and/or DD populations. See enclosed program statement for further detail.

C. Rule/Statutory Violations

There are no rule/statutory violations.

IV. RECOMMENDATION

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

Kfrey Jr. Bozaik

Jeff Bozsik Licensing Consultant

12/05/2005 Date

Approved By:

Linda Lee

Linda Lee Area Manager

12/05/2005 Date