



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

July 11, 2006

Rochelle Pillsbury
2685 Hummer Lake Rd.
Ortonville, MI 48462

RE: Application #: AS440282365
Shirley's House
5329 Main Street
Dryden, MI 48428

Dear Ms. Pillsbury:

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) 469-6951.

Sincerely,

A handwritten signature in black ink that reads "Karen J. LaForest".

Karen LaForest, Licensing Consultant
Office of Children and Adult Licensing
21885 Dunham Rd.
Clinton Twp., MI 48036
(586) 412-6835

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS440282365
Applicant Name:	Rochelle Pillsbury
Applicant Address:	2685 Hummer Lake Rd. Ortonville, MI 48462
Applicant Telephone #:	(248) 627-8325
Administrator/Licensee Designee:	Rochelle Pillsbury
Name of Facility:	Shirley's House
Facility Address:	5329 Main Street Dryden, MI 48428
Facility Telephone #:	(810) 796-4032
Application Date:	03/14/2006
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/14/2006	Enrollment
03/16/2006	Application Incomplete Letter Sent items 47 & 49
03/23/2006	Application Complete/On-site Needed
04/11/2006	Application Incomplete Letter Sent
05/22/2006	Inspection Completed On-site Onsite inspection-reviewed facility records, employee records, physical plant and fire safety, and also reviewed documents for resident records. Followed up with confirming letter.
07/11/2006	Contact-Telephone call made Contacted facility to inform them they needed to submit the electrical inspection.
07/11/2006	Contact-Telephone call received Licensee contacted consultant and she stated an electrical was needed because the company that did the fire alarm check did not do the electrical inspection. She contacted a company and they will be inspecting the home tomorrow. She will fax their inspection report.
07/13/2006	Contact-Document received Consultant received electrical inspection by a license contractor of the facility that indicates it is safe.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Shirley's House is located in a rural area of Lapeer at 5329 Main Street in Dryden, MI. and is an older two story home, previously licensed as a large group home. The home accommodates ambulatory residents who are developmentally disabled and/or mentally ill. The licensing consultant inspected the facility on May 22, 2006, which included a physical plant inspection, fire safety inspection, environmental inspection and review of employee and facility records.

The home has two dining rooms, 4 ½ bathrooms, a kitchen, living room, an office, two staff bedrooms, a sitting room, and six bedrooms downstairs to be utilized by residents. The upstairs of the home will not be used. The home also has a basement. The home, which is older and in an established area, is white aluminum, sided with central air conditioning. The home has public water and sewage and has an interconnected smoke detection system, that was operational when tested.

Measurements of rooms were taken and the following square footage calculations were obtained:

Bedroom Location	Dimension	Square Feet	Residents Number
Southeast (lilac)	8'1 ½" x9'9" Plus 2'3 ½" x 1'8"	82.91 sq. ft.	1 resident
South Central	8'11 ½" x 8'3 ½" Plus 2'2" x 3'9"	82.42 sq. ft.	1 resident
Southwest	15'6" x 6'	93 sq. ft.	1 resident
Northwest (yellow)	9'5" x 13'1"	123.21 sq. ft.	1 resident
North Central (yellow)	12'4" x 9'10"	121.20 sq. ft.	1 resident
Northeast (blue)	10'6" x 12'7"	132.09 sq. ft.	1 resident

The above calculations are in compliance with Rule 400.14409 (2) regarding usable floor space in bedrooms.

Measurements were taken of areas of living space and are as follows:

Designated Room	Dimension	Square Feet
North Dining Room	20'1" x 11'	228.8 square feet
South Dining Room	17'1" x 13'4"	227.68 square feet
Living Room	25'8" x 11'8"	229.20 square feet

The above calculations are in compliance with Rule 400.14409 (2) regarding usable floor space, totaling 685.68 square feet, and meeting compliance with 210 square feet for six residents.

B. Program Description

The applicant submitted her licensing application and fee on March 22, 2006. This was a change of licensee since the previous licensee expired. According to the application, the licensee will accept both ambulatory males and females, ages 18 and older, for the mentally ill and/or physically handicapped, for a total license capacity of six. Referrals for placement include individuals from Lapeer Community

Mental Health, Family Independence Agency in Lapeer and Privately. The home is not requesting to be a specialized certification home.

The applicant for the home is Rochelle Pillsbury. Her sister, Michelle Street, is the designated responsible person in her absence. Ms. Pillsbury submitted a medical clearance record dated May 4, 2006 and a Tuberculosis test with negative results dated May 6, 2006. A criminal history check was done on March 15, 2006, which indicated she is of good moral character. Ms. Pillsbury meets the qualification of a licensee and is trained in reporting requirements, nutrition, medications, resident rights, financial and administrative management, prevention and containment of communicable diseases, fire and safety prevention, personal care, protection and supervision, CPR and First Aid. Ms. Pillsbury has the experience with the population she plans on serving for many years. Ms. Pillsbury also submitted her high school diploma. Ms. Pillsbury submitted financial records demonstrating financial stability to operate the home including a personal credit report, personal savings account and a statement of income for the home.

Ms. Pillsbury submitted a proposed staffing pattern and staffing ratio with staff working on days and afternoons, 12 hours shifts. There is currently three staff employed. The three staff currently working has been trained in toolbox training, CPR and First Aid. All three staff are at least 18 years of age. Employee records, when reviewed during the onsite inspection on May 22, 2006, were in full compliance.

On May 22, 2006 during the onsite inspection, the consultant reviewed the facility files including the following: floor plan, emergency procedures including severe weather, fire and medical emergency procedures, admission and discharge policies, program statement, standard and routine procedures, house rules, job descriptions for direct care and administrator, emergency repair contact numbers, an organizational chart and personnel policies. The applicant also submitted a copy of the boiler report and the fire alarm system check. An electrical inspection was done on July 13, 2006 that indicated the home's electrical system and circuit panel are safe.

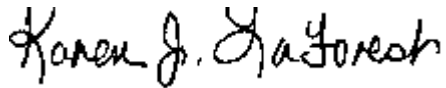
During the onsite inspection, the consultant reviewed resident records with the licensee including the following: resident information and identification forms; resident care agreement; resident assessment plans; resident medication records; resident funds and valuables Part I and II; resident health care appraisal; resident weight records; resident incident and accident reports; resident register; resident physician contact logs; and resident fire drills. The consultant informed the licensee that she would review the resident records prior to the expiration of the temporary license to ensure compliance.

C. Rule/Statutory Violations

The applicant is found to be in substantial compliance with the licensing act and applicable administrative small group home licensing rules.

IV. RECOMMENDATION

Based upon the findings, it is recommended that a temporary license be issued to the facility known as Shirley's House, license #AS440282365. The terms of the license will enable the licensee to operate a small adult foster care home for six residents who are mentally ill and/or developmentally disabled. The term of the license will be for a six month period effective the date of issuance.



7/14/06

Karen LaForest
Licensing Consultant

Date

Approved By:



July 14, 2006

Barbara Smalley
Area Manager

Date