



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

March 14, 2007

Michael and Rainelle Shaw
45850 60th St
Lawrence, MI 49064

RE: Application #: AF800286922
Shaw Personal Home
45850 60th St
Lawrence, MI 49064

Dear Michael and Rainelle Shaw:

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 1 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 (269) 337-5066.

Sincerely,

Kelly Williams, Licensing Consultant
Office of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5274

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF800286922
Applicant Name:	Shaw, Rainelle and Shaw, Michael
Applicant Address:	45850 60th St Lawrence, MI 49064
Applicant Telephone #:	(269) 621-0601
Administrator/Licensee Designee:	N/A
Name of Facility:	Shaw Personal Home
Facility Address:	45850 60th St Lawrence, MI 49064
Facility Telephone #:	(269) 621-0601
Application Date:	10/27/2006
Capacity:	1
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/27/2006	Enrollment
11/02/2006	Inspection Report Requested - Health 1011485
11/02/2006	Contact - Document Sent 1326 given to Connie
11/03/2006	Contact - Document Received 1326 for Rainelle.
11/29/2006	Inspection Completed-Env. Health : A
12/19/2006	File Transferred To Field Office Kal.
12/22/2006	Application Incomplete Letter Sent
01/19/2007	Inspection Completed On-site
01/22/2007	Modify-Other Name change, per applicants, from Michael and Rainelle to Shaw Personal Home
02/14/2007	Contact - Face to Face Hearing held in Berrien Co Family Court re: status of licensing and CMH services
03/09/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a spacious log home with a walkout basement located in rural Lawrence. The main floor of the home contains the kitchen, living room, dining area, three bedrooms, two full bathrooms, and a laundry room. The lower level/basement contains another living room, bedroom, bathroom, and the walkout to the attached garage. There is a wheelchair ramp to the front entrance of the home.

Of the three bedrooms on the main floor, a resident the Shaw's have been caring for under a Childrens Foster Care license is occupying one. The square footage for that room is more than adequate for a single occupancy. The remaining bedrooms are the Shaw's and a guest room, and will not be used for residents, as the Shaw's do not wish to accept any additional residents. The multi-use space square footage of the home is more than adequate for three adults.

The home has an interconnected, hard wired smoke detection system with smoke detectors located in required areas. The home contains a wood burner, for which the Shaw's provided a licensed contractor's statement concerning the installation. The Shaw's also provided a current furnace inspection indicating the furnace is working in a safe manner.

This home has a private well and septic system. On 11/29/2006, the Van Buren County Environmental Health Department issued their report indicating the water supply and sewage disposal system were determined to be in substantial compliance with applicable rules.

The Shaws own the home and proof of ownership is on file.

B. Program Description

Michael and Rainelle Shaw will be the licensees. Mr. and Mrs. Shaw have been providing care to a young woman for approximately three years under a Childrens Foster Care license, through a contract with Lutheran Social Services. When the resident turns 19 as of 3/28/2007, that funding will no longer be available. Community Mental Health services will take over as the funding source, but in order to contract with the Shaws they were required to obtain an adult foster care license as well as specialized certification.

While the Shaws will be the licensees and care givers, additional care givers that have been working with the resident in the home will continue to do so. Record and medical clearances, as well as current TB test results, are on file for Michael and Rainelle and are in compliance with applicable rules. I have verified the Shaws financial ability to operate the home.

The Shaws do not allow smoking in the home. They have obtained a van with a wheelchair lift for their resident's use, and provide transportation for appointments and outings. Van Buren County Transit is also available, as is emergency medical transportation via 911. Activities provided by the Shaws include coloring, baking, meal prep, arts and crafts, puzzles, painting, pets and pet grooming, massages, and exercising. Outings may include family functions, church, movies, hikes, fishing, shopping, the zoo, musicals, dances, vacations, and eating out.

The Shaws are obtaining licensure for their current resident only, and will not be seeking any additional placements. They are seeking specialized certification to serve persons with developmental disabilities. They have been provided with all necessary forms and record keeping requirements have been reviewed with them.

C. Rule/Statutory Violations

All rule noncompliances were corrected prior to license issuance.

IV. RECOMMENDATION

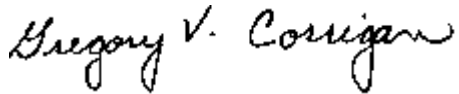
I recommend issuance of a temporary license to this AFC adult family home (capacity 1).

Handwritten signature of Kelly Williams in cursive.

Kelly Williams
Licensing Consultant

03/14/2007
Date

Approved By:

Handwritten signature of Gregory V. Corrigan in cursive.

Gregory V. Corrigan
Area Manager

03/14/2007
Date