



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

April 23, 2007

Donald Schuster
Crisis Center Inc. DBA Listening Ear
PO Box 800
Mt. Pleasant, MI 48804-0800

RE: Application #: AS340285831
Prairie Creek
1011 Prairie Creek
Ionia, MI 48846

Dear Mr. Schuster:

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 2 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 (517) 241-2585.

Sincerely,

Mary E Holton, Licensing Consultant
Office of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909-8150
(517) 241-9513

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS340285831
Applicant Name:	Crisis Center Inc. DBA Listening Ear
Applicant Address:	PO Box 800 107 E Illinois Mt Pleasant, MI 488040800
Applicant Telephone #:	(231) 587-8688
Administrator/Licensee Designee:	Donald Schuster, Designee
Name of Facility:	Prairie Creek
Facility Address:	1011 Prairie Creek Ionia, MI 48846
Facility Telephone #:	(616) 527-1587 09/07/2006
Application Date:	
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/07/2006	Enrollment
09/19/2006	Application Incomplete Letter Sent
09/25/2006	Inspection Completed-Env. Health : A
11/20/2006	Inspection Completed On-site
11/20/2006	Inspection Completed-BFS Sub. Compliance
03/07/2007	Contact - Document Received
04/10/2007	Application Complete/On-site Needed
04/10/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a duplex with white vinyl siding located in a rural area northeast of the city of Ionia. The home consists of two bedrooms, two bathrooms, a living room, a sunroom, a dining room and kitchen. The home has an attached garage. The facility is street level in the front with a cement sidewalk and has a wheelchair ramp in the rear of the facility.

The front door opens to the living area (240 sq. ft.) that connects to the dining area (139 sq. ft.) and kitchen. The dining room connects to the sunroom (110 sq. ft) and the south bedroom. The sunroom connects to a first full bathroom. The sunroom also leads to a wood deck and ramp located at the rear of the facility. The dining room connects to the north hallway that leads to the second full bathroom, the north bedroom and the door to the garage. The north bedroom connects to the first full bathroom.

The 2 resident bedrooms measure as follows:

South Bedroom	11'4" X 9'6" = 107 sq. ft.	(1 Resident)
North Bedroom	11'5" X 11'9" + 7'4" X 1'6" = 138 sq. ft.	(1 Resident)

The gas furnace and hot water heater are located in a heating plant room directly off the garage. The heat plant consists of a forced air furnace operating on natural gas. The furnace was inspected and approved by a licensed contractor on 11/13/06.

This facility is wheelchair accessible.

Ionia County Community Mental Health is the legal owner of this property and has contracted with Listening Ear to provide adult foster care at this residence. A copy of the contract is in the licensing file.

2. Sanitation:

The facility has a private water and sewage system that was approved by the Ionia County Health Department on 9/25/06. Waste removal will occur on a weekly basis.

3. Fire Safety:

The facility utilizes an interconnected smoke alarm system. The system was inspected and approved by a licensed contractor on 2/27/07.

B. Program Description

1. Administrative structure and capability:

Mr. Donald Schuster is the licensee designee for this facility. Mr. Schuster's educational background includes a Masters Degree in Social Work Administration and Bachelor of Arts Degree. Mr. Schuster submitted verification he has several years of experience working with adults with developmental disabilities and has successfully completed the required training for a licensee designee of a small group home.

Ms. Patricia Luft is the administrator for this facility. Ms. Luft's educational background includes a Masters of Arts Degree and a Bachelor's Degree in Therapeutic Recreation. Ms. Luft submitted verification she has several years of experience working with adults with developmental disabilities and has successfully completed the required training for an administrator of a small group home.

Mr. Schuster and Ms. Luft submitted Medical Clearance Request forms signed by their licensed physicians and TB tests with the result of negative.

2. Program information:

The facility will provide foster care services to men and women age 18 and over that are developmentally disabled.

3. Facility and Employee Records:

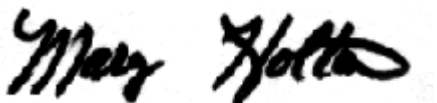
The applicant has submitted job descriptions, personnel policies, procedures and practices for staff to follow. Staff records will be maintained at the Belding Office and residents' records will be retained at the facility.

C. Rule/Statutory Violations

Compliance with physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an inspection.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC small group home (capacity 1-2 residents).



4/23/07

Mary E Holton
Licensing Consultant

Date

Approved By:



4/23/07

Betsy Montgomery
Area Manager

Date