



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

July 3, 2007

Annette Williams  
Simple Elegance, Inc.  
3714 Richmond St.  
Lansing, MI 48911

RE: Application #: AS230285637  
Simple Elegance II  
4327 Gladys  
Lansing, MI 48911

Dear Ms. Williams:

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 (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**

<b>License #:</b>	AS230285637
<b>Applicant Name:</b>	Simple Elegance, Inc.
<b>Applicant Address:</b>	3714 Richmond St. Lansing, MI 48911
<b>Applicant Telephone #:</b>	(517) 882-0188
<b>Administrator/Licensee Designee:</b>	Annette Williams
<b>Name of Facility:</b>	Simple Elegance II
<b>Facility Address:</b>	4327 Gladys Lansing, MI 48911
<b>Facility Telephone #:</b>	(517) 999-3519
<b>Application Date:</b>	08/28/2006
<b>Capacity:</b>	5
<b>Program Type:</b>	AGED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

08/28/2006	Enrollment
09/12/2006	Application Incomplete Letter Sent
09/26/2006	Inspection Completed On-site
09/28/2006	Application Incomplete Letter Sent
12/06/2006	Contact - Document Received
12/27/2006	Application Incomplete Letter Sent
01/16/2007	Inspection Completed-BFS Sub. Compliance
01/16/2007	Application Incomplete Letter Sent
03/15/2007	Inspection Completed On-site
03/23/2007	Application Incomplete Letter Sent
04/09/2007	Contact – Document Received
04/10/2007	Application Incomplete Letter Sent
06/13/2007	Contact – Telephone call received Phone contact with corporation.
06/20/2007	Contact – Document received Completed medical form.
06/21/2007	Contact – Document received
06/28/2007	Contact – Document received
06/28/2007	Inspection Completed – BFS Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Environmental:

This facility is a one-story ranch located on a corner lot in the city of Lansing. The facility has a two-car garage located on the basement level on the home on the north side of the facility. The facility has 4 bedrooms, a family room, dining room and living area, kitchen, laundry area, and two bathrooms. There is an enclosed sunroom located on the east side of the facility.

The facility has a brick front with green siding on the side and rear of the home and is trimmed in white. The entrance to the home is located on the west side and opens to a foyer area with an open living room (380 sq. ft.), family room (193 sq. ft.) and dining room (269 sq. ft.) that connects to the kitchen. There is an east hallway that leads to three residents bedrooms and a full bathroom. There is also a north hallway connecting from the dining room area that leads to a full bathroom, a resident bedroom, and an additional room that is currently being used for storage. The north hallway also has a door that leads to a lower built in two-car garage. The kitchen is located east of the dining room and leads to an enclosed porch and a second means egress.

The 4 resident bedrooms measure as follows:

Bedroom #1	$16 \times 13'3'' + 1' \times 9'10'' = 221.83 \text{ sq. ft.}$	(1 Resident)
Bedroom #2	$11'4'' \times 13'2'' + 3'5'' \times 2'10'' = 158.88 \text{ sq. ft.}$	(2 Residents)
Bedroom #3	$10'5'' \times 8'7'' = 89.40 \text{ sq. ft.}$	(1 Resident)
Bedroom #4	$9'8'' \times 13'2'' = 132.43 \text{ sq. ft.}$	(1 Resident)

Ms. Williams submitted a statement that the fireplace will not be utilized.

The home has one hot water heater located in the basement of the facility.

The facility has a separate heat plant enclosure that is located in the basement. There is a self-closing fire door separating the heat plant from the rest of the basement. The heat plant consists of a forced air furnace operating on natural gas. The furnace was inspected and approved by a licensed contractor on 9/27/06.

The sole owner of the corporation is the sole owner of the property. A copy of the deed and permission to operate and adult foster care facility is in the case file.

This facility is not wheel chair accessible.

## 2. Sanitation:

The facility has a public water and sewage system. 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 1/08/07.

**B. Program Description**

1. Administrative structure and capability:

Ms. Williams is the licensee designee and administrator for this facility. Ms. Williams has submitted verification of her high school graduation and verification she has successfully completed the required training. Ms. Williams submitted verification she over one year of experience working with the aged and/or physically handicapped adults. Ms. Williams submitted a completed medical clearance and TB test with a negative result.

2. Program information:

According to the program statement, the facility will provide foster care services to men and women that are age 62 and over that may be physically handicapped.

3. Facility and Employee Records:

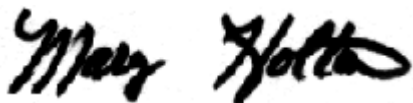
The applicant has submitted job descriptions personnel policies, procedures and practices for staff to follow.

**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 temporary license to this AFC small group home (capacity 1-5).



7/03/07

Mary E Holton  
Licensing Consultant

Date

Approved By:



7/5/07

Betsy Montgomery  
Area Manager

Date