



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 13, 2007

Ruth Sloan
Superior Care of Michigan, L.L.C.
PO Box 139
Battle Creek, MI 49016-0139

RE: Application #: AS130292694
Superior Care
55 Morgan Rd
Battle Creek, MI 49017

Dear Ms. Sloan:

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 (269) 337-5066.

Sincerely,

Kenneth Tindall, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5264

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AS130292694 |
| Applicant Name: | Superior Care of Michigan, L.L.C. |
| Applicant Address: | 55 Morgan Road Battle Creek, MI 49017 |
| Applicant Telephone #: | (269) 964-8000 |
| Administrator/Licensee Designee: | Chris Goins, Administrator Ruth Sloan, Designee |
| Name of Facility: | Superior Care |
| Facility Address: | 55 Morgan Rd Battle Creek, MI 49017 |
| Facility Telephone #: | (269) 964-8000 09/13/2007 |
| Application Date: | |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|---|
| 09/13/2007 | Enrollment |
| 09/20/2007 | Inspection Report Requested - Health |
| 10/24/2007 | Inspection Completed-Env. Health: A |
| 11/22/2007 | Contact - Document Received facility documents |
| 12/06/2007 | Inspection Completed On-site |
| 12/06/2007 | Inspection Completed-BFS Sub. Compliance |
| 12/07/2007 | Contact - Document Received required documents |
| 12/06/2007 | Confirming letter sent |
| 12/10/2007 | Confirming letter sent |
| 12/12/2007 | Inspection Completed On-site |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home has just been extensively remodeled, and on file are copies of all building inspection approvals. This is a two-story house and residents will occupy both floors. Electric clothes dryer and electric water heater are on the lower level along with a living room, 1 double occupancy bedroom, 1 full bathroom and 2 large storage areas. The upper floor has 3 bedrooms (2 single and 1 double), kitchen, dining room, living room, and 1-½ bathrooms. Documentation on file verifies compliance with space requirements. Residents confined to wheelchairs cannot be accommodated.

The licensee is leasing the home from the owner, Great Lakes Regional Care, Inc. Proof of ownership, permission from the owner to allow use for Adult Foster Care, and copy of lease are all on file.

This home has a private water and sewer system that was inspected and approved by the local health department (copy of report on file). The home was found to be in substantial compliance with rules pertaining to Environmental Health.

On-site inspections conducted by this consultant verified this home is in substantial compliance with rules pertaining to Fire Safety. The home has and interconnected, hardwired smoke detection system with battery backup that was installed by a licensed

contractor (documentation on file). The lower walk out level has a gas-fired furnace in a one-hour fire resistant enclosure. On file is documentation that a licensed heating contractor inspected the furnace and found it to be in safe working order. The home has exterior security fences in the front and back yard areas to prevent residents from eloping from the home. There is ample room for occupants to evacuate either level at a safe distance from the home in case of fire. Staff on duty will always carry keys to the exterior fence gates.

B. Program Description

The licensee designee for the corporation is Ann Sloan. The administrator is Chris Goins. Medical, TB, and criminal clearances for both are on file. Qualification requirements for Mr. Goins are approved and on file.

This home is approved to provide care for adults with mental illness. Both genders are accepted. The licensee's admission/discharge policies are consistent with AFC Small Group Home rules. Short-term care is available.

Emergency medical transportation is available by dialing 911. The home's program statement indicates a variety of recreational and work for pay opportunities will be offered to meet each resident's individual needs. The proposed staff/resident ratio is at least one staff for every 3 residents.

The licensee will issue and review a copy of resident rights with each admission. The licensee has all necessary resident record forms to permit rule compliance. The licensee is familiar with rules pertaining to resident and staff records and criminal background check requirements for employees.

A review of the application and support documents indicates substantial compliance with rules relating to financial capability of the corporation. The required corporate documents are on file. Also on file are facility documents required by rules.

C. Conclusions

This study is based upon Act No. 218 of the Public Act of 1979, as amended, and the Administrative Rules governing the operation of Small Group Homes (12 or less). Included in the inspection was a review of policies and practices regarding residential care, resident programming, and administrative management as well as Fire and Environmental Safety. The findings indicate this home is in substantial compliance with Act No. 218 and the Administrative Rules.

IV. RECOMMENDATION

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

Kenneth Tindall

12.13.2007

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

12/13/2007

Gregory V. Corrigan
Area Manager

Date