



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

January 28, 2008

Bette Spearritt
Berrien Mental Health Authority
6756 Stevensville-Baroda
Stevensville, MI 49127

RE: Application #: AM110284090
Scottdale RTC
4730 Scottdale
St. Joseph, MI 49085

Dear Ms. Spearritt:

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 12 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,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5028

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM110284090

Applicant Name: Berrien Mental Health Authority

Applicant Address: 1485 South M-139
P.O. Box 547
Benton Harbor, MI 49022

Applicant Telephone #: (269) 925-0585

Administrator/Licensee Designee: Bette Spearritt, Designee

Name of Facility: Scottdale RTC

Facility Address: 4730 Scottdale
St. Joseph, MI 49085

Facility Telephone #: (269) 429-5180
06/06/2006

Application Date:

Capacity: 12

Program Type: MENTALLY ILL

II. METHODOLOGY

06/06/2006	Enrollment
06/09/2006	Application Incomplete Letter Sent 1326 sent back to complete highlighted area.
06/19/2006	Contact - Document Received 1326 for Bette Spearritt.
06/22/2006	Inspection Report Requested - Fire
06/22/2006	Inspection Report Requested - Health
06/22/2006	File Transferred To Field Office Kalamazoo
06/27/2006	Application Incomplete Letter Sent
06/05/2007	Contact - Document Sent inactive application letter-certified mail
06/08/2007	Contact - Telephone call received designee wants to continue with application
12/12/2007	Inspection Report Requested - Health
12/12/2007	Application Incomplete Letter Sent
01/07/2008	Inspection Completed-Environmental Health: A
01/07/2008	Inspection Completed-Fire Safety: A
01/16/2008	Inspection Completed On-site
01/16/2008	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is in a rustic location and is not readily visible from the road. Scottdale RTC shares an easement with another adult foster care home. Because the property has been in use as adult foster care by other licensees prior to 1989, zoning approval is not required, per the zoning administrator.

This is a large, one story home with a walk out lower level that contains a staff office. Bedrooms are located in two wings, with living areas in between.

This home includes eight bedrooms for a total resident capacity of 12 residents. The main level has a total of five full bathrooms, which is more than adequate for licensing rules.

The facility contains a kitchen, dining area and large living room, as well as two smaller sitting rooms, and provides more than 35 square feet of living area per occupant.

The property contains private water supply and sewage disposal systems; a new water supply system was approved by the Berrien County Health Department on October 30,2007. The health department issued an "A" rating for both systems on December 28,2007, indicating substantial compliance with applicable rules.

The Department of Labor & Economic Growth-Bureau of Fire Services-Fire Marshall Division issued full approval on December 27,2008. This facility did not have to be equipped with a sprinkler system due to its previous licensed status.

B. Program Description

The applicant is the Berrien Mental Health Authority, which intends to operate the facility as a coed residential treatment center for mentally ill adults in crisis. It will replace the existing residential treatment center, which is only licensed for six and does not have room to expand.

Bette Spearitt has been identified as the license designee and administrator. Ms. Spearitt has demonstrated good moral character, has provided a current medical clearance and TB test results, and has provided documentation that she has the required qualifications to function as administrator.

Scottdale RTC will have three shifts of staff, with two staff on duty for the majority of shifts. Awake staff will be on duty during nighttime resident hours of sleep.

Employees will meet licensing requirements as well as additional mental health training requirements.

The applicant has updated their previously submitted admission, program, discharge, refund, and personnel policies to reflect current licensing requirements.

The applicant was provided technical assistance on the statutory requirements (Section 400.734(b) of PA 218) pertaining to the hiring or contracting of persons who provide direct services to residents.

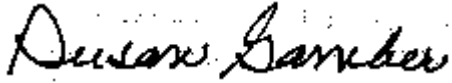
Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the

handling and accounting of resident funds. The applicant has significant experience in the successful operation of adult foster care facilities.

The applicant is in substantial compliance with the licensing act and applicable administrative rules and regulations. Compliance with quality of care will be evaluated at the conclusion of the temporary license period when residents are in care.

IV. RECOMMENDATION

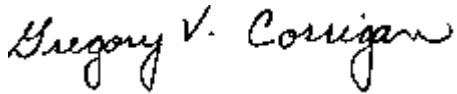
I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).



Susan Gamber
Licensing Consultant

January 23, 2008
Date

Approved By:



Gregory V. Corrigan
Area Manager

January 23, 2008
Date