



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

September 11, 2008

Michael Craft
Craft Care Homes Inc.
1800 N. Cedar
Holt, MI 48842

RE: Application #: AM330288742
Craft Care Home
588 S. Edgar Rd.
Mason, MI 48854

Dear Mr. Craft:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (517) 241-2585.

Sincerely,

Mary E Holton, Licensing Consultant
Bureau 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
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

| | |
|-------------------------------|--|
| License #: | AM330288742 |
| Applicant Name: | Craft Care Homes Inc. |
| Applicant Address: | 1800 N. Cedar Holt, MI 48842 |
| Applicant Telephone #: | (517) 694-3873 |
| Licensee Designee: | Michael Craft |
| Administrator: | Serena Craft |
| Name of Facility: | Craft Care Home |
| Facility Address: | 588 S. Edgar Rd. Mason, MI 48854 |
| Facility Telephone #: | (517) 676-1558 |
| Application Date: | 03/01/2007 |
| Capacity: | 11 |
| Program Type: | MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS |

II. METHODOLOGY

| | |
|------------|--|
| 08/02/2006 | Inspection Completed-Env. Health : A |
| 03/01/2007 | Enrollment |
| 03/05/2007 | Application Incomplete Letter Sent re: rec. cl. for Mike & Serena |
| 03/12/2007 | Contact - Document Received rec. cl. for Michael |
| 03/13/2007 | Application Complete/On-site Needed |
| 04/04/2007 | Application Incomplete Letter Sent |
| 04/17/2007 | Contact - Document Sent fire safety letter w/att. to licensee |
| 04/04/2008 | Inspection Completed-Fire Safety : D |
| 06/02/2008 | Inspection Completed-Fire Safety : A |
| 07/15/2008 | Inspection Completed On-site |
| 07/15/2008 | Inspection Completed-BFS Sub. Compliance |
| 07/25/2008 | Contact - Document Received Letter received from designated person. |
| 08/29/2008 | Inspection Completed-Env. Health : A |
| 09/10/2008 | Inspection Completed-BFS Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

This is a one- story ranch with white vinyl siding and green trim located in a rural area in Aurelius Township. The facility has 7 bedrooms, a living area, family room, dining room, a kitchen, beauty room, and two full bathrooms and one staff bathroom. There is a wood deck located at the front of the facility.

The facility has gray vinyl siding. The front door is located on the east side of the home facing the road. The front door opens to the living room that measures 272 square feet and connects to the two hall ways and a staff area. The staff area connects to the

dining area measuring 237 square feet and the kitchen. The hallway south of the staff area connects to two residents' bedrooms, an office, a full bathroom and a family room measuring 199 square feet. The hallway north of the living room leads to 5 residents' bedrooms and one full bathroom. There is also a staff bathroom. The total square feet of living area on the first floor is 708 square feet.

The home has a ramp located at the front entrance and also a ramp on the west side of the facility.

The seven resident bedrooms measured as follows:

| | | |
|------------|---|---------------|
| Bedroom #1 | $12'9" \times 10'6" + 2'6" \times 3'6" = 143$ sq. ft. | (2 Residents) |
| Bedroom #2 | $15'1" \times 10'6" + 2'6" \times 3'5" = 167$ sq. ft. | (2 Residents) |
| Bedroom #3 | $11'5" \times 6'7" + 8' \times 2'6" = 95$ sq. ft. | (1 Resident) |
| Bedroom #4 | $13'2" \times 11'5" = 150$ sq. ft. | (2 Residents) |
| Bedroom #5 | $11'2" \times 11'4" + 2" \times 2'4" = 131$ sq. ft. | (2 Residents) |
| Bedroom #6 | $11'4" \times 9'10" = 111$ sq. ft. | (1 Resident) |
| Bedroom #7 | $9'10" \times 10'5" = 102$ sq. ft. | (1 Resident) |

The facility has a separate heat plant enclosure that is located in the basement. There is a self-closing fire door separating the heat plan from the rest of the basement. The heat plant consists of a forced air furnace operating on natural gas.

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

The corporation owns the home and a copy of the deed is in the case file.

2. Sanitation:

The facility has a private water and septic system that was approved by the Ingham County Health Department on 8/29/08. Waste removal will occur on a weekly basis.

3. Fire Safety:

The facility utilizes an interconnected smoke alarm system. The Office of Fire Safety gave this facility a full approval on 6/02/08. A written copy of the Office of Fire Safety Report was received on 6/08/08.

B. Program Description

1. Administrative structure and capability:

Michael Craft is the licensee designee for this facility. Michael Craft provided verification he has over one year of experience working with the developmentally disabled, aged, physically handicapped and/or adults diagnosed with Alzheimer's. Mr. Craft submitted a copy of his high school diploma and verification he has the experience and education necessary to be the licensee designee.

Ms. Serena Craft is the administrator for this facility. Ms. Craft provided verification she has over one year of experience working with the developmentally disabled, aged physically handicapped and/or adult diagnosed with Alzheimer's. Ms. Craft submitted a copy of her high school diploma and verification she has the experience and education necessary to be the administrator.

2. Program information:

According to the program statement the facility will admit men and women of the age 58 and older that may be aged, physically handicapped, developmentally disabled or diagnosed with Alzheimer's. The program statement further states they will accept residents that utilize a wheelchair.

This facility is wheelchair accessible.

3. Facility and Employee Records:

The applicant has submitted job descriptions, personnel policies, procedures and practices for staff to follow. Staff records were reviewed by the consultant and are found to be in compliance.

The Licensing Medical Clearance Request forms indicated Mr. Craft and Ms. Serena Craft completed physical appraisals and TB tests with the results of negative. The facility assured that staff working in this facility will be of good health by obtaining a TB test and a physical prior to employment and by annual statements that they continue to be in good health.

Emergency plans for medical emergencies; fire; facility repairs and severe weather have been reviewed and found to be acceptable.

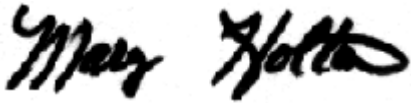
Resident records will be retained at the facility at all times. Employee records will be maintained at the facility location.

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 medium group home with a capacity of 11 residents.



9/11/08

Mary E Holton
Licensing Consultant

Date

Approved By:



9/12/08

Betsy Montgomery
Area Manager

Date