



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 15, 2009

Robert McLuckie
Alternative Services Inc
32625 W Seven Mile Rd., Suite 10
Livonia, MI 48152

RE: Application #: AM440296828
Lippincott Home
3863 Lippincott
Lapeer, MI 48446

Dear Mr. McLuckie:

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 8 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 (989) 758-2717.

Sincerely,

James Clark, Licensing Consultant
Bureau of Children and Adult Licensing
2320 W. Pierson Rd.
Flint, MI 48504
(810) 787-7034

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM440296828
Applicant Name:	Alternative Services Inc
Applicant Address:	Suite 10 32625 W Seven Mile Rd Livonia, MI 48152
Applicant Telephone #:	(248) 471-4880
Licensee Designee:	Robert McLuckie
Administrator:	Sheena Manuel
Name of Facility:	Lippincott Home
Facility Address:	3863 Lippincott Lapeer, MI 48446
Facility Telephone #:	(810) 664-9939
Application Date:	06/30/2008
Capacity:	8
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/30/2008	Enrollment
07/08/2008	Application Incomplete Letter Sent 1326 for Robert McLuckie & Sheena Manvel
07/22/2008	Contact - Document Received clearances
08/01/2008	Inspection Report Requested - Fire
08/01/2008	Inspection Report Requested - Health Change of license type & capacity
08/12/2008	Application Incomplete Letter Sent
08/19/2008	Inspection Completed-Env. Health : A
03/16/2009	Contact - Document Sent Lack of progress letter sent.
03/19/2008	Inspection Completed-Env. Health : A
06/05/2009	Contact - Document Sent Lack of progress letter sent.
10/12/2009	Inspection on-site
10/13/2009	Inspection Completed-Fire Safety : A
10/13/2009	Inspection –BFS Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Lippincott home is a purpose built, barrier-free home located at 3863 Lippincott Lane, Lapeer, MI. The brick and vinyl sided facility contains 2,291 sq. ft., with an attached garage and a full basement.

The living areas of the facility are as follows:

Room	Dimensions	Square Footage
Dining Room	8'11" X 16'	143 sq. ft.
Living Room	12' 2" X 15"	182 sq. ft.
Family Room	12' X 16'3"	195 sq. ft.

520 sq. ft. of living area

The bedroom areas in the facility are as follows:

<u>Location</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
Northwest	10'2" X 15'3"	155 sq. ft.	2
Southwest	11'2" X 15'	168 sq. ft.	2
Northeast	15'3" X 11'1"	169 sq. ft.	2
Souast	15'3" X 11'1"	169 sq. ft.	2

Total capacity = 8 residents

B. Fire Safety

The house was give full approval by the Bureau of Fire Safety on 10/13/2009. The home has 3 approved direct exits. It has a residential sprinkler system providing full coverage. The fire alarm system is powered by the electrical system, is fully interconnected and has a central control panel. The house is currently equipped with two fire extinguishers.

C. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **eight** (8) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally ill in the least restrictive environment possible

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from Lapeer County Community Mental Health.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources. The applicant indicated that the residents enjoy going shopping, going out to eat and other community activities.

D. Applicant and Administrator Qualifications

The applicant is Alternative Services Inc., a non profit corporation which was established in Michigan on 02/24/78. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Alternative Services Inc. has submitted documentation appointing Robert McLuckie as Licensee Designee for this facility and Amy Pisoni as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this _8-bed facility is adequate and includes a minimum of 2 staff to- 8 residents on first and second shift and 1 staff to 6 residents on the third shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

E. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group with a capacity of eight (8) residents

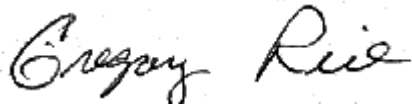


James Clark
Licensing Consultant

10/15/2009

Date

Approved By:



Gregory Rice
Area Manager

10/15/2009

Date