



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 11, 2009

Hope Lovell
LoveJoy Special Needs Center Corporation
17141 New Jersey Street
Southfield, MI 48075

RE: Application #: AS330297845
Michigan Ave. Residential Care
1204 W. Michigan Ave.
Lansing, MI 48915

Dear Ms Lovell:

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 5 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 Holton, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 241-9513

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS330297845

Applicant Name: LoveJoy Special Needs Center Corporation

Applicant Address: 17141 New Jersey Street
Southfield, MI 48075

Applicant Telephone #: (517) 803-3655

Administrator/Licensee Designee: Hope Lovell

Name of Facility: Michigan Ave. Residential Care

Facility Address: 1204 W. Michigan Ave.
Lansing, MI 48915

Facility Telephone #: (517) 367-8172

Application Date: 08/19/2008

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
TRAUMATIC BRAIN INJURY

II. METHODOLOGY

08/19/2008	Enrollment
09/26/2008	Application Incomplete Letter Sent
12/12/2008	Contact - Telephone call made Phone message to Ms. Lovejoy to schedule initial onsite inspection.
07/31/2009	Contact - Face to Face In person with Hope Lovell; facility is not yet ready for inspection.
08/25/2009	Contact - Telephone call made Ms. Lovell when she is ready for initial inspection.
09/16/2009	Inspection Completed On-site
09/21/2009	Inspection Completed-BFS Sub. Compliance
10/02/2009	Contact - Document Received Letter received from Ms. Lovejoy.
10/05/2009	Contact - Document Received Document received Ms. Lovell.
11/20/2009	Inspection Completed-BFS Sub. Compliance
12/07/2009	Inspection Completed – BFS Sub. Compliance
12/10/2009	Inspection Completed – BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story frame house. It is located in the city of Lansing.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware separating the basement from the first floor. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Location	Dimensions	Square Footage	Capacity
2nd floor bedrooms			
South	16'2" X 8'	189 sq. ft.	2
Mid East	11'10" X 10'	118 sq. ft.	1
North	12'7" X 10'7"	133 sq. ft.	2
Total Capacity = 5 residents			

The living and dining room areas measure a total of 386 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The first floor has an extra room west of the dining area measuring 102 sq. ft. This room cannot be utilized as a resident's bedroom, because there is no bathing area on the first floor. Ms. Lovell indicated this room would be used as an extra office area for the staff.

There is one full bathroom located on the second floor. There is a half bathroom located on the first floor just west of the kitchen.

Based on the above information, it is concluded that this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. 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 five (5) male or female ambulatory adults whose diagnosis is developmental disability, mental impairment or traumatic brain injury in the least restrictive environment possible. The program will include skill development in social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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 including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is LoveJoy Special Needs Center Corp. which is a "Domestic Nonprofit Corporation" established in Michigan on 11/08/2007. 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 LoveJoy Special Needs Center Corp. has submitted documentation appointing Hope Lovell as Licensee Designee and Administrator of this facility.

A criminal history check was completed and did identify any convictions of the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance statement from a physician documenting her good health and current TB-tine negative results.

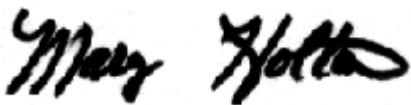
The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff to five residents per shift.

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.

IV. RECOMMENDATION

I recommend issuance of a temporary adult foster care license and special certification for this AFC small group home (capacity one to five residents).



12/10/09

Mary Holton
Licensing Consultant

Date

Approved By:



12/11/09

Betsy Montgomery
Area Manager

Date