



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

April 7, 2010

Tracie Hernandez
Cornerstone II, Inc
P. O. Box 277
Bloomington, MI 49026

RE: Application #: AS800306200
Cornerstone
22858 West M-43
Kalamazoo, MI 49009-9208

Dear Ms Hernandez:

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 4 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,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5241

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800306200
Applicant Name:	Cornerstone II, Inc
Applicant Address:	44409 Baseline Rd. Bloomingtondale, MI 49026
Applicant Telephone #:	(269) 521-4130
Administrator/Licensee Designee:	Tracie Hernandez
Name of Facility:	Cornerstone
Facility Address:	22858 West M-43 Kalamazoo, MI 49009-9208
Facility Telephone #:	(269) 668-3175
Application Date:	12/21/2009
Capacity:	4
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

12/21/2009	Enrollment
12/23/2009	Contact - Document Sent Rules & Act booklets
12/23/2009	Application Incomplete Letter Sent Rec'd clearance for Hernandez, environmental
01/07/2010	Contact - Document Received Rec'd clearance for Hernandez
01/12/2010	Application Incomplete Letter Sent
03/22/2010	Inspection Completed On-site
03/25/2010	Inspection Completed On-site
04/02/2010	Inspection Completed-Environmental Health : A
04/05/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story wood frame home with no basement, located on a secluded rural lot off of a 2 lane high way at 22858 M-43, Kalamazoo, MI. The facility has 2 bedrooms, both of which will be used for resident occupancy. Each bedroom has adequate usable floor space for 2 residents per bedroom. The floor plan and exact measurements are on file. The bathroom is located between the 2 resident bedrooms. The facility provides for 224 square feet of living space in the living room area. Measurements are on file. The facility has no living area for staff and none will be residing in the facility.

The gas fired furnace and electric hot water heater are located in a 1 hour fire enclosure located on the main floor of the facility. The furnace was inspected by Double D Heating & Cooling on 03/12/10 and found to be in good working condition. The report noted that modifications were made to vent the furnace to the outside. The hot water heater and an electrical inspection were completed on 03/23/10 and they were found to be in good working condition. Both inspection reports are on file.

The home has private water and septic. The Environmental Health Inspection Report from the Van Buren Co. Health Department gave the facility an "A" rating on 03/24/10. An "A" rating indicates the facility has been found to be in substantial compliance with the applicable rules.

The licensing consultant conducted an initial fire safety inspection on 03/22/10. Substantial compliance with applicable fire safety rules was determined in a follow up inspection on 03/25/10. Approved Fire Protection Co. inspected the smoke detection system on 03/18/10 and found the system to be in compliance with the NFPA standards. The report is on file.

Program Description

Cornerstone will provide personal care, supervision and protection to male and female residents over the age of 18 years. Program type includes mentally ill, developmentally disabled and traumatic brain injured. An application has been submitted to provide specialized programming to the mentally ill and developmentally disabled populations. SSI and private pay residents are accepted. Wheel chair bound residents are not accepted as the facility is not wheel chair accessible. The licensee has submitted Admission and Discharge policies that they will follow. Local transportation will be provided.

Cornerstone II, Inc. was formed on 10/07/02 in Michigan. Tracie Hernandez is the resident agent for the corporation. Other members of the corporation include John Hernandez, Joel Green and Rosario Serratos. The corporation is in good standing with the Michigan Department of Energy, Labor and Economic Growth as of 04/06/10. Ms. Hernandez has been appointed Licensee Designee and Administrator for this facility. The organizational chart shows John and Tracie Hernandez as the owners.

Cornerstone II, Inc. is leasing the property from Tom Diamond, and a signed lease agreement is on file. A Quit Claim Deed is on file showing Mr. Diamond as an owner of the property. Mr. Diamond has given written permission for the licensing to conduct inspections on the property.

Tracie Hernandez has been designated as the Licensee Designee and Administrator for the facility by Cornerstone II Inc., which has also appointed her to those positions for Cornerstone II AFC, which has been licensed since 08/20/04. Ms. Hernandez holds the same positions for several other adult foster care homes operated by the Hernandez family under other licensee names. Ms. Hernandez has her qualifications documented and on file to serve in these capacities. She has owned and operated adult foster care facilities for over 15 years. The Licensing Record Clearance for Ms. Hernandez revealed no criminal history for her. The Licensing Medical Clearance indicated Ms. Hernandez was in substantial compliance with the applicable licensing rules.

Cornerstone will have no live-in staff or care providers. A home manager will be appointed by Ms. Hernandez and shift staff will provide the care and supervision to residents in the home. There will be at least one staff on duty at all times residents are in the home; additional staffing will be provided if required to meet specialized programming contract terms. As Ms. Hernandez has applied to provide specialized

programming, all staff will be trained through approved Department of Community Health training programs.

Ms. Hernandez stated she was familiar with the licensing requirements for maintaining resident and employee records and has demonstrated compliance with the requirements in the other homes she operates.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. RECOMMENDATION

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care small group home for 4 residents. The terms of the license will be for a six-month period effective 04/07/10.

Donna Konopka

04/07/10

Donna Konopka
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

04/07/2010

Gregory V. Corrigan
Area Manager

Date