



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 26, 2009

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

RE: Application #: AS250304220
Weston Road
4181 Weston Drive
Burton, MI 48509

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 6 is 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 (810) 787-7031.

Sincerely,

Gregory Rice, Area Manager
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 758-1755

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250304220

Applicant Name: Alternative Services Inc

Applicant Address: Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

Applicant Telephone #: (248) 471-4880

Administrator/Licensee Designee: Robert McLuckie, Designee
Amy Pisoni, Administrator

Name of Facility: Weston Road

Facility Address: 4181 Weston Drive
Burton, MI 48509

Facility Telephone #:

Application Date: 08/17/2009

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/17/2009	Enrollment
08/19/2009	Lic. Unit file referred for criminal history review Robert McLuckie
08/21/2009	Application Complete/On-site Needed
08/25/2009	Inspection Completed On-site
08/26/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a residential area in Burton, MI. The home is a spacious on story structure with an attached two car garage. There is no basement. The first floor of the home includes a front room, a living room, a dining area, an office, a laundry room, 4 resident bedrooms and 2 full bathrooms. The home was completely remodeled and provides a pleasant attractive living environment for the residents.

The furnace and hot water heater are located in a one hour protected furnace room off of the garage. The home is equipped with interconnected hardwire smoke detection system with a heat detector in the furnace room. The home has public water and sewer.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NW	15 X 11	165	2
SW	15 X 11	165	2
N	15 X 11	165	1
S	15 X 11	165	1

The living, dining, and sitting room areas measure a total of 384 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six** (6) male ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The applicant will be transferring 5 men from the Pine Manor Home (AS250270854) because it is closing. According to applicant the men all have a diagnosis of mental illness. Two of the men attend day program. 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 Genesee 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 including public schools and libraries, local museums, shopping centers, and local parks.

C. 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 6 bed facility is adequate and includes a minimum of 2 staff to 6 residents per 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.

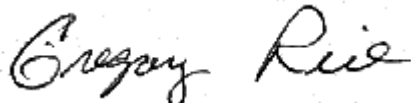
D. Rule/Statutory Violations

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

IV. RECOMMENDATION

Choose one:

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

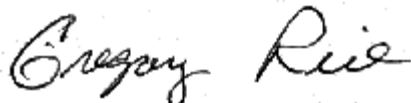


08/26/2009

Gregory Rice
Area Manager

Date

Approved By:



08/26/2009

Gregory Rice
Area Manager

Date