



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

August 8, 2012

Lorinda Anderson
Community Living Options
626 Reed Street
Kalamazoo, MI 49001

RE: Application #: AS390317402
Farrell
805 Farrell
Kalamazoo, MI 49006

Dear Ms. Anderson:

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 issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Kenneth Tindall, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390317402
Applicant Name:	Community Living Options
Applicant Address:	626 Reed Street Kalamazoo, MI 49001
Applicant Telephone #:	(269) 343-6355
Administrator/Licensee Designee:	Lorinda Anderson, Designee
Name of Facility:	Farrell
Facility Address:	805 Farrell Kalamazoo, MI 49006
Facility Telephone #:	(269) 343-6355
Application Date:	02/27/2012
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

02/27/2012	Enrollment
02/29/2012	Contact - Document Sent Rule & ACT Books
02/29/2012	Application Incomplete Letter Sent 1326 for Lorinda Anderson
03/14/2012	Contact - Document Received Rec cl for Lorinda A.
03/14/2012	Lic. Unit file referred for criminal history review Lorinda A.
03/20/2012	Application Complete/On-site Needed
03/20/2012	File Transferred To Field Office Kalamazoo
06/26/2012	Application Incomplete Letter Sent
06/29/2012	Contact - Document Received Required documentation.
06/29/2012	Contact - Telephone call made Licensee Designee said they are doing some remodeling and will notify when ready for on-site inspection
07/26/2012	Inspection Completed On-site
07/27/2012	Contact – Document Received Required documentation.
08/01/2012	Inspection Completed On-site
08/02/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This ranch style home with a finished lower level walkout is located in a residential neighborhood in the city limits of Kalamazoo, MI. The 1st floor has a large living room (348 square feet), kitchen (75 square feet), dining room ((97 square feet), 1 ½ shared bathrooms, 4 resident bedrooms, three season room and an attached two-car garage.

The lower level has a large activity room (482 square feet), laundry room, enclosed heat plant room, 1 full shared bathroom, staff office, and one resident bedroom.

BEDROOM DIMENSIONS:

<u>BEDROOM</u>	<u>LOCATION</u>	<u>DIMENSIONS</u>	<u>SQUARE FOOTAGE</u>	<u>OCCUPANCY</u>
Bedroom #1	1 st floor NW	12'7" by 10'9"	135	1
Bedroom #2	1 st floor N	9'2" by 10'8"	98	1
Bedroom #3	1 st floor NE	9' by 10'8"	88	1
Bedroom #4	1 st floor SW	13'6" by 13'6"	182	2
Bedroom #5	Lower level SW	15' by 13'	195	1

The home is wheelchair accessible and it is equipped with ramps that are located at 2 approved means of egress from the 1st floor.

The applicant, Community Living Options (CLO), has a residential lease agreement with the owner of the property, Living Ways Foundation. On file is a copy of the rental agreement, proof of ownership, and permission from the owner for this home to be used for adult foster care and permission for BCAL to conduct inspections.

The home has public water and sewer and on-site inspections verified it is in substantial compliance with rules pertaining to Environmental Health.

The home has a wireless interconnected smoke detection system that was inspected and approved by a qualified inspection service (see file). The gas-fired furnace and water heater are located in an approved heat plant room in the lower level. On file is documentation that verifies a licensed heating contractor inspected and approved the furnace and water heater. On-site inspections verified this home is in substantial compliance with rules pertaining to fire safety.

B. Program Description

CLO has numerous licensed adult foster care homes in Kalamazoo County and those licenses are all in good standing with the department. The licensee designee and administrator for all CLO licensed AFC homes, including this application, is Lorinda Anderson. Medical, TB, and criminal record clearances for Ms. Anderson are on file. I reviewed and approved qualification requirements for Ms. Anderson who has extensive experience working with developmentally disabled populations in adult foster care settings.

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the applicant were reviewed and approved. The program statement indicates a comprehensive range of programs are available to meet each resident's needs; the staffing pattern will minimally consist of double staffing between 12 and 16 hours of the day, and a single awake overnight staff for 8-10 hours.

The resident care agreement will specify transportation services provided by the applicant that includes medical appointments and group recreational activities. Emergency medical transportation is available by dialing 911 and public transportation (city bus) is also available.

The applicant understands rules pertaining to resident and staff record keeping, staff training requirements, and criminal background check requirements (Act 29) for employed staff.

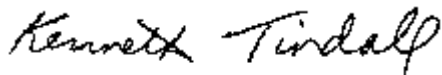
Community Living Options is a Domestic Nonprofit Corporation established in Michigan on 7.13.1982. A review of the application and supporting documents indicates substantial compliance with rules pertaining to financial capability of the corporation. Rule required corporate documents are on file.

C. Conclusions

The findings indicate this applicant is in substantial compliance with Act No. 218 and the administrative rules for adult foster care small group homes. Based on the above information, the applicant is approved to provide adult foster care for up to 6 adults who are developmentally disabled.

IV. RECOMMENDATION

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



08/08/2012

Kenneth Tindall
Licensing Consultant

Date

Approved By:



08/08/2012

Jerry Hendrick
Area Manager

Date