



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

February 28, 2003

Lance Livingston
14221 E M89
Augusta, MI 49012

RE: Application #: AF390253659
Stoney Oaks
14221 E M89
Augusta, MI 49012

Dear Mr. Livingston:

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 recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Gregory V. Corrigan, Area Manager, at (269) 544-1270.

Sincerely,

Donna Konopka, Licensing Consultant
Bureau of Family Services
2nd Floor
890 North 10th Street
Kalamazoo, MI 49009-9178
(269) 544-1273

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AF390253659

Applicant Name: Lance Livingston

Applicant Address: 14221 E M89
Augusta, MI 49012

Applicant Telephone #: (269) 731-5819

Administrator/Licensee Designee: N/A

Name of Facility: Stoney Oaks

Facility Address: 14221 E M89
Augusta, MI 49012

Facility Telephone #: (269) 731-5819

Application Date: 10/04/2002

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
TRAUMATIC BRAIN INJURED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/04/2002	Enrollment
01/02/2003	Inspection Completed-Env. Health : A
01/29/2003	Contact - Telephone call made On-site inspection scheduled with applicant.
02/04/2003	Inspection Completed On-site Name changed to Stoney Oaks, per written request of licensee.
02/04/2003	Inspection Completed-BFS Sub. Compliance
02/24/2003	Inspection Completed On-site Recheck inspection completed. Interior finish work still being completed.
02/27/2003	Inspection Completed-BFS Full Compliance
02/27/2003	Inspection Completed-Fire Safety : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a 2-story structure located in a rural area. It has 2 resident bedrooms and a resident bathroom in the upper level of the facility. Bedroom measurements are on file. The resident living and dining areas are on the first level of the home. The kitchen and dining areas are adequate for resident use. The facility is a duplex, with a renter living on the side of the home not being used for adult foster care. Each side has its own separate entrance and until such time as the licensee decides to use the rental side for adult foster care, it will be maintained as a separate, non-licensed area.

The gas furnace and hot water heater are located in the basement of the home.

The home has private water and septic. An "A" rating was received from Allegan Co. Health Department on 1-2-03, which indicates substantial compliance with applicable environmental health safety rules.

The licensing consultant conducted fire safety inspections on 2-4-03 and 2-24-03. Substantial compliance with applicable fire safety rules was verified by an on-site inspection 2-27-03

B. Program Description

The licensee prefers to care for males and females over the age of 40 years, who are mentally ill, developmentally disabled, aged, physically handicapped, traumatic brain injured or have Alzheimer's disease. The home is not wheelchair accessible at this time. Smoking is not permitted inside the home, but residents may smoke in designated outside areas. The licensee plans to provide specialized programs in the home and will be making application to do this. Mr. Livingston has completed the required training to provide specialized programs.

Lance Livingston is the care provider, and Zita Dennise Pratt is the designated responsible person. A minimum of 1 staff will be in the home at all times when residents are there. Mr. Livingston will use personal interviews and background checks to determine the good moral character of any responsible persons working in the home.

The consultant has verified medical statements and TB test results for Mr. Livingston and Ms. Pratt.

The licensing record clearance for Mr. Livingston completed on 01-08-02 indicated he has no criminal history background. Three positive references are on file for Mr. Livingston.

Mr. Livingston and Patricia Crawford are purchasing the home on a land contract from Lester B. Noel. Mr. Livingston's financial statement indicates he has adequate funds to operate the home.

Mr. Livingston has been provided with all the required resident record forms to permit compliance with the rules. The requirements for adult foster care family homes have been reviewed with Mr. Livingston. Resident Rights forms have been provided to the licensee, who will be issuing and reviewing them with each admission.

C. Rule/Statutory Violations

As this is an original license, the home and licensee are in full compliance with the Licensing Rules for Adult Foster Care Family Homes and Act 218 of the Public Acts of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a 6-month temporary license to this AFC adult family home (capacity 5)

Donna Konopka Date
Licensing Consultant

Approved By:

Gregory V. Corrigan Date
Area Manager