



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

July 16, 2013

Todd Olivieri  
Cencare Foster Care Homes  
1933 Churchill  
Mt Pleasant, MI 48858

RE: License #: AS370011291  
Cencare Foster Home 4  
2305 W. Deerfield  
Mount Pleasant, MI 48858

Dear Mr. Olivieri:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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) 373-2506.

Sincerely,

Diane L Stier, Licensing Consultant  
Bureau of Children and Adult Licensing  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0560

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS370011291
<b>Licensee Name:</b>	Cencare Foster Care Homes
<b>Licensee Address:</b>	1933 Churchill Mt Pleasant, MI 48858
<b>Licensee Telephone #:</b>	(989) 773-6200
<b>Administrator/Licensee Designee:</b>	Todd Olivieri, Designee
<b>Name of Facility:</b>	Cencare Foster Home 4
<b>Facility Address:</b>	2305 W. Deerfield Mount Pleasant, MI 48858
<b>Facility Telephone #:</b>	(989) 773-7542
<b>Capacity:</b>	5
<b>Program Type:</b>	CLF/DD

## **II. Purpose of Addendum**

The purpose of this addendum to the original licensing study report is to modify the terms of the license to include mentally ill adults as an additional population served by the facility and included in the facility's Certification of Specialized Programs.

## **III. Methodology**

07/03/2013	Receipt of written request (by fax) to include individuals with mental illness as a population served.
07/03/2013	Telephone call made – requesting additional documentation including licensee's experience working with the population and amended program statement.
07/11/2013	Receipt of documentation of Mr. Olivieri's experience and qualifications.
07/16/2013	Telephone call made – requesting amended program statement.
07/16/2013	Receipt of amended program statement.
07/16/2013	Receipt of Application for Certification to modify the facility's Certification of Specialized Programs to include residents with mental illness diagnoses.

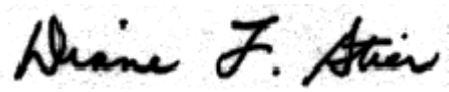
## **IV. Description of Findings and Conclusions**

The licensee made a request to add individuals with mental illness as a population served by this facility. Mr. Olivieri submitted documentation showing he has several years' experience working with individuals with mental illness. Additionally, staff of the facility have experience and training in working with individuals with mental illness.

Mr. Olivieri submitted an amended Program Statement showing that the facility will provide services to persons with developmental disability and/or mental illness, pending approval. Additionally, Mr. Olivieri submitted an Application for Certification to modify the facility's Certification of Specialized Programs to include residents with mental illness diagnoses.

## **V. Recommendation**

I recommend that the terms of the license for this facility be changed to include mentally ill adults as an additional population served by the facility. Additionally, I recommend that mental illness be added to the facility's Certification for Specialized Programs.



Diane L Stier  
Licensing Consultant

July 16, 2013  
Date