

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



MAURA D. CORRIGAN DIRECTOR

July 17, 2013

Denise Foote Impact Inc 1001 Military St Port Huron, MI 48060

> RE: License #: AL740092230 River Bend #2 1572 Meisner Rd East China, MI 48054

Dear Ms. Foote:

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 (248) 975-5053.

Sincerely,

Manner J. Ficher

Maureen J. Fisher, Licensing Consultant Bureau of Children and Adult Licensing 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (586) 256-1081

enclosure

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

I. IDENTIFYING INFORMATION

| License #: | AL740092230 |
|-----------------------|--|
| Licensee Name: | Impact Inc |
| Licensee Address: | 1001 Military St Port Huron, MI 48060 |
| Licensee Telephone #: | (810) 985-5437 |
| Licensee Designee: | Denise Foote |
| Administrator: | Kristine Curtis |
| Name of Facility: | River Bend #2 |
| Facility Address: | 1572 Meisner Rd East China, MI 48054 |
| Facility Telephone #: | (810) 765-1002 |
| Capacity: | 20 |
| Program Type: | AGED MENTALLY ILL DEVELOPMENTALLY DISABLED |

II. Purpose of Addendum

The licensee submitted a Request for Modification of the Terms of the Registration/License on 07/17/2013.

III. Methodology

- 07/17/2013 Request for Modification of the Terms of the Registration/License received along with supporting documentation—Resident Care Agreement which includes the fee policy for private pay residents, General House Rules, and "Program Narrative" which includes the program statement, admission policy, staffing pattern, and discharge policies.
- 07/17/2013 Review and approval of documentation.

IV. Description of Findings and Conclusions

On 7/17/2013, Ms. Denise Foote and Ms. Kristine Curtis submitted a request on behalf of the licensee, Impact Inc. for modification of terms of the license to expand the resident population served. They are requesting that the terms of the current license be expanded to include male and female adults age 18 years or older diagnosed with a developmental disability and/or mental illness. They will continue to service the aged population, age 55 or older.

Dating to October 2012, the licensee modified this facility's program to exclusively service the aged population, ages 55 and older. Prior to that (dating back to November, 2000), the facility serviced adults at this facility who were diagnosed with physical handicaps, aged, Alzheimer's, mental illness, and developmental disability. Of note, this facility also had been under contract with St. Clair County Community Mental Health to provide specialized services to adults with mental illness and/or developmental illness prior to October 2012.

The licensee's history—and that of the Ms. Foote and Ms. Curtis—in operating facilities to service adults diagnosed with mental illness, developmental disability, or in need of adult foster care due to age is well documented. This facility is one of eight licensed adult foster care homes that they operate in St. Clair County.

V. Recommendation

I recommend modification of the terms of this license to amend the populations served: Aged, Developmental Disability, and Mental Illness.

Manner J. Ficher

07/17/2013

Maureen J. Fisher Licensing Consultant Date