



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

November 9, 2015

Jennifer Lockhart
Alternative Community Living, Inc.
70 Lafayette
Pontiac, MI 48342

RE: Application #: AS760379540
Harrington House
120 South Custer
Sandusky, MI 48471

Dear Mrs. Lockhart:

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 (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS760379540

Applicant Name: Alternative Community Living, Inc.

Applicant Address: 70 Lafayette
Pontiac, MI 48342

Applicant Telephone #: (248) 338-7458

Licensee Designee: Jennifer Lockhart

Administrator: Deselee Adams

Name of Facility: Harrington House

Facility Address: 120 South Custer
Sandusky, MI 48471

Facility Telephone #: (616)-340-5237

Application Date: 09/08/2015

Capacity: 6

Program Type: MENTALLY ILL

II. METHODOLOGY

09/08/2015	Enrollment
09/18/2015	Application Incomplete Letter Sent 1326s/Jennifer Lockhart & Dessalee Adams.
09/18/2015	Contact - Document Sent Act & Rules.
09/18/2015	Lic. Unit file referred for criminal history review Redscreen/AS090010238&AS810242181.
10/06/2015	Application Complete/On-site Needed
10/06/2015	File Transferred To Field Office Saginaw.
10/20/2015	Application Incomplete Letter Sent
10/26/2015	Inspection Completed On-site
10/27/2015	SC- Application Received-Original
11/04/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 120 Custer Street, Sandusky, Michigan is located in the City of Sandusky. The home is a single story ranch style house. The owner of the property is Sanilac County Community Mental Health, and is being leased to Alternative Community Living, Inc. The home contains ten bedrooms and the six bedrooms on the south end will be licensed. The home also contains a living room, dining room, pantry, laundry room and a kitchen. This home was previously licensed as Parkview AFC (AS760351030), which was closed on November 4, 2015.

The furnace and hot water heater are located in a partial basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device with positive latching hardware located on the outside of the facility. The furnace was inspected on July 23, 2015 and determined to be fully operational. The facility has central air conditioning. The facility is equipped with interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 West	11' X 10'	110 sq. feet	1
#2 SW	10' X 9'	90 sq. feet	1
#3 South	10' X 9'	90 sq. feet	1
#4 South	10' X 9'	90 sq. feet	1
#5SE	10' X 9'	90 sq. feet	1
#6 SE	11' X 10'	110 sq. feet	1

The living and dining room areas measure a total of 468 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six** 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** male or female ambulatory adults, ages 18 and up, who has been diagnosed with mental illness and/or are developmentally disabled, in the least restrictive environment possible. This facility is wheelchair accessible and wheelchair users will be used. 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 Community Mental Health Authority, hospitals and nursing homes.

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 Administer Qualifications

The applicant is Alternative Community Living, Inc., which is a Domestic Non Profit Corporation, was established in Michigan, on 04/21/1987. 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 Community Living, Inc. has submitted documentation appointing Jennifer Lockhart as Licensee Designee for this facility and Deselee Adams 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 six-bed facility is adequate and includes a minimum of two staff –to- six 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 in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home and special certification for residents with mental illness (capacity 1-6).

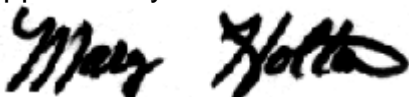


11/09/2015

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



11/09/2015

Mary E Holton
Area Manager

Date

