



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

April 15, 2016

Anita Mitchell  
Alternative Community Living, Inc.  
70 Lafayette  
Pontiac, MI 48342

RE: Application #: AS500381453  
Otter Home  
34410 Lillian  
Chesterfield, MI 48047

Dear Ms. Mitchell:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Williams".

Stephanie A. Williams, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-2097

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500381453
<b>Applicant Name:</b>	Alternative Community Living, Inc.
<b>Applicant Address:</b>	70 Lafayette Pontiac, MI 48342
<b>Applicant Telephone #:</b>	(248) 338-7458
<b>Administrator:</b>	Latanya Mitchell
<b>Licensee Designee:</b>	Anita Mitchell
<b>Name of Facility:</b>	Otter Home
<b>Facility Address:</b>	34410 Lillian Chesterfield, MI 48047
<b>Facility Telephone #:</b>	(248) 338-7458
<b>Application Date:</b>	02/01/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

02/01/2016	Enrollment Online enrollment
02/16/2016	Contact - Document Sent Rules & Act booklets
02/16/2016	License. Unit file referred for criminal history review Anita Mitchell - RS
02/16/2016	Application Incomplete Letter Sent Received clearances for Anita Mitchell and Latonya Mitchell
02/22/2016	Contact - Document Received Received clearance and Livescan request for Anita
02/24/2016	Contact - Document Received Received clearance for LaTanya Mitchell
03/01/2016	Contact - Document Received Licensing file received from Central Office
03/08/2016	Application Incomplete Letter Sent Sent to Anita Mitchell, Licensee Designee by PDF format in email.
03/17/2016	Inspection Completed On-site
03/17/2016	Inspection Completed-BCAL Sub. Compliance
04/07/2016	Contact - Document Received Supportive documents received.
04/11/2016	Contact - Document Received Supportive documents received.
04/14/2016	Inspection Completed On-site
04/14/2016	Inspection Completed-BCAL Sub. Compliance Bedroom and household furnishings are needed.
04/15/2016	Inspection Completed On-site
04/15/2016	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The proposed facility is a single family brick ranch-style home with an attached, two-car garage with a small cement patio. The home is wheelchair accessible. The property is fully landscaped. The home is located in a residential neighborhood in Chesterfield Township, a suburb northeast of the City of Detroit. The home and surrounding community are serviced by public water and sewage systems. Medical, educational, and social resources are located within close proximity to the home in the surrounding community. The facility also has close access to the I-94 freeway. The home was a previous licensed facility for twenty-years by another corporation but closed voluntarily 02/01/2016.

Otter Home features an interconnected smoke detection. Fire extinguishers have been installed and mounted as required in the home, however, the fire extinguishers have been replaced by newer ones. The home is heated by gas, forced-air furnace located in the basement complete with a 1 ¾-inch solid core door equipped with an automatic self-closing device and positive-latching hardware meeting the requirement of R400.14511(1). The home also features central air conditioning. The basement will not be for residents' use. The furnace was inspected on 09/26/2016 by a licensed service provider as well as the electrical devices and smoke detectors on 03/30/2016. The home has a ramp at the front and back door meeting the requirement of R400.14509 to be wheelchair accessible.

The living room is located off of the front entrance and kitchen. The residents' dining area is shared with the kitchen area. The home features a full bath in the hallway by the residents' bedrooms and a second bathroom by the laundry room; the home will have two offices. The laundry room has been identified and will be secured to house all caustics in the home. I measured all community living space and bedrooms within the home to determine occupancy limits. The measurements, square footage, and capacity limits are as follow:

Staff Office/med room	9'11" x 11'11"	98	square feet
Living room	19'10" x 14'4"	285	square feet

Total square footage of community space: 383 square feet.

Bedroom #1	13'2" x 11'1"	146	square feet	capacity 2
Bedroom #2	14'4" x 10'7"	152	square feet	capacity 2
Bedroom #3	10'3" x 14' plus 3'4" x 3'8"	156.2	square feet	capacity 2
Administrator Office	14'7" x 9'10"	143.3	square feet	

The square footage of community space is adequate for the facility to accommodate up to six adult foster care residents. The Administrator's office has not been identified for residents' use if at any time there is a change a modification request will be needed. All bedrooms are fully furnished and meet the requirement of Rule 400.14410(1)(2)(3) and (4).

## **B. Program Description**

The applicant, Alternative Community Living, Inc. has applied for licensure of this facility, a previous licensed and operated home known as Lillian House, which closed 02/01/2016. The residents are moving from a licensed facility into this home. The facility provides specialized care to the mentally ill population and contracted services will continue uninterrupted. Alternative Community Living, Inc. was incorporated on 04/21/1987 and currently operates 32 licensed home throughout Michigan and is experienced in providing specialized adult foster care services to the mentally ill population.

Alternative Community Living, Inc. empowers people to overcome challenges and achieve their highest level of independence through rehabilitative residential settings. Otter Home is a community based facility designed to maximize the desires, goals, strengths, abilities, needs, health, safety, and life span issues of individuals who have psychiatric challenges. The home utilizes individualized treatment modalities (person-centered planning, behavior modification plans, medication management, etc.) in coordination with case management and/or outpatient services, to assist the person served in learning life skills related to community living, problem solving, leisure, social relationships, and other areas that present barriers to living integrated or independently in their communities.

Ms. Anita Mitchell, licensee designee has demonstrated her suitability and experience in the operation of adult foster care facilities and the population served by this facility. Ms. Mitchell has a Bachelor of Arts degree obtained in 1995. Ms. Mitchell has worked with this corporation since October of 2009 as a program manager and the licensee designee for eight licensed facilities since 2011. Ms. Mitchell has provided a licensing clearance, health care documentation, and tuberculosis testing results to demonstrate her suitability. Ms. Mitchell also provided financial documentation to demonstrate the financial suitability of Alternative Community Living, Inc.

Ms. Latanya Mitchell, administrator has worked as rehabilitation assistant for Hope Network/New Passages starting April of 2006 providing community living supports and services by assisting residents with activities of daily living. Ms. Mitchell is currently the program manager of the Otter Group Home and is responsible for the payroll, budget, staff, and overall management of the home. Ms. Mitchell obtained training through Macomb County Community Mental Health and other entities to meet the required training needed for licensing and special certification. Ms. Anita Mitchell has provided documentation attesting to Ms. Latanya Mitchell's financial and administrative ability.

Ms. Mitchell has also submitted licensing clearance, health care documentation, and tuberculosis testing results to demonstrate her suitability.

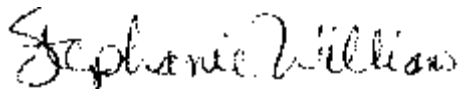
I have reviewed the personnel policies, job descriptions, and house rules submitted by the applicant and found that they meet all requirements. The applicant was provided with technical assistance as to the statutory requirements of Section 400.734b of Public Act 218 pertaining to the hiring or contracting of persons who provide direct service to residents. Technical assistance was provided to the applicant on Act and Administrative Rule requirements related to home, resident, and employee record keeping including the handling and accounting of residents' funds.

**C. Rule/Statutory Violations**

At time of final inspection no violations were found.

**IV. RECOMMENDATION**

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



4/15/2016

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Stephanie A. Williams  
Licensing Consultant

Date

Approved By:



4/15/2016

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Ardra Hunter  
Area Manager

Date