



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

May 15, 2003

Karen Lafave
Adult Learning Systems U P Inc
104 Coles Dr. Suite E
Marquette, MI 49855

RE: Application #: AS210255471
North Bluff Home
623 N. 15th Street
Gladstone, MI 42837

Dear Mrs. Lafave:

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 small group home license with a maximum capacity of 6 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 Deborah Clark, Area Manager, at (906) 228-2852.

Sincerely,

Theresa Norton, Licensing Consultant
Bureau of Family Services
305 Ludington St
Escanaba, MI 49829
(906) 789-4606

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS210255471

Applicant Name: Adult Learning Systems U P Inc

Applicant Address: 104 Coles Dr. Suite E
Marquette, MI 49855

Applicant Telephone #: (906) 228-7370

Administrator/Licensee Designee: Karen Lafave, Administrator
Karen Lafave, Designee

Name of Facility: North Bluff Home

Facility Address: 623 N. 15th Street
Gladstone, MI 42837

Facility Telephone #: (906) 428-2290

Application Date: 01/13/2003

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/13/2003	Enrollment
05/07/2003	Inspection Completed On-site
05/07/2003	Inspection Completed - Environmental - Full Compliance
05/07/2003	Inspection Completed - Fire Safety - Full Compliance
05/07/2003	Document received – Admission/discharge/personnel policies
05/07/2003	Document received – Boiler approval
05/07/2003	Document received – Deed of property
05/07/2003	Document received – Smoke detection inspection
05/15/2003	Document received – Electrical approval
05/07/2003	Inspection completed – Full approval

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, wood framed house, located in the City of Gladstone. It is centrally located to schools, parks, and shopping areas. Pathways Mental Health owns the home and leases the home to Adult Learning Systems per their contract. Proof of ownership was provided and a copy of the deed is maintained in the file.

The home is neat, clean and comfortably furnished. The main floor consists of a large living room, the kitchen, dining room, and two full bathrooms. Bedrooms have the following dimensions:

Bedroom #1	173 sq. ft.	Approved capacity 2
Bedroom #2	163 sq. ft.	Approved capacity 1
Bedroom #3	158 sq. ft.	Approved capacity 1
Bedroom #4	163 sq. ft.	Approved capacity 2

Based on the above information, it is concluded that this facility has the square footage necessary to accommodate up to six (6) residents as requested on the application. The facility is fully equipped with required furnishings, linens and dishware.

B. Program Description

The facility proposes to serve adults that are Developmentally Disabled/Mentally Ill. Documents submitted and on file in this office include; house rules, admission policy, discharge policy, emergency admission policy, refund policy, and program statements addressing each population served.

The program statements identify the care and services available in the home designed to help adults with developmental disabilities and mental illness. Each resident will have a person-centered plan of service, developed by an interdisciplinary team, to meet the individual resident specific needs.

A review of the facility menus indicate that the licensee has acceptable written menus and the menus are for the provision of three well-balanced and nutritious meals daily. A nutritionist develops the meal plans. The licensee is aware of and intends to comply with the provision of special diets that might be required for any resident.

Medication procedures have been reviewed and it has been determined that all resident medications are to be kept in a locked storage area. A written daily medication dispensation record will also be maintained for each resident.

Ms. Lafave stated compliance would be achieved with those rules relating to the handling and accounting of resident funds and valuables.

Ms. Lafave submitted an acceptable staffing pattern schedule for the home. Acceptable personnel policies and job descriptions were received from Ms. Lafave, demonstrating compliance with Rule 400.14206 and Rule 400.14207. Ms. Lafave was informed of the requirement that she is responsible for assessing the good moral character of any person who provides care for the resident of this facility under the direction of or instead of the licensee.

C. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend issuance of a small group home license to this AFC adult small group home (capacity 1-6).

Theresa Norton
Licensing Consultant

Date

Approved By:

Deborah Clark
Area Manager

Date