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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 3, 2019

Kristine Curtis
Impact Inc.
1001 Military St
Port Huron, MI 48060

RE: Application #: AS740398066
Charmwood
3340 East Charmwood
Port Huron, MI 48060

Dear Ms. Curtis:

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 "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS740398066
Applicant Name:	Impact Inc.
Applicant Address:	1001 Military St Port Huron, MI 48060
Applicant Telephone #:	(810) 985-5437
Administrator/Licensee Designee:	Kristine Curtis
Name of Facility:	Charmwood
Facility Address:	3340 East Charmwood Port Huron, MI 48060
Facility Telephone #:	(810) 987-6600
Application Date:	01/22/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/22/2019	Enrollment Online enrollment
01/23/2019	Contact - Document Sent Act booklet
02/01/2019	Contact - Document Received Licensing file received from Central office
02/06/2019	Contact - Document Received Email from Kris Curtis. Sent return email.
02/14/2019	Application Incomplete Letter Sent Emailed application incomplete letter to Kris Curtis
02/14/2019	Contact - Document Received Email from Aaron Foote
02/14/2019	Contact- Document Received Received permission to inspect letter and copy of warranty deed from St. Clair County Community Mental Health by mail.
02/15/2019	Contact - Document Sent Email to Aaron Foote
03/01/2019	Contact - Document Received Emails to and from Kris Curtis
03/01/2019	Contact - Document Received Email to and from Kris Curtis
03/04/2019	Contact - Document Received Email to and from Kris Curtis
03/05/2019	Contact- Document Received Received licensing documents by mail from Impact
03/08/2019	Contact - Document Sent Email to and from Kris Curtis
03/12/2019	Contact - Document Sent Email to Kris Curtis
03/12/2019	Contact - Telephone call received TC from Kris Curtis and Aaron Foote

03/20/2019	Inspection Completed On-site Received copies of licensing documents.
03/20/2019	Contact- Document Sent Email to Micky Dingman, Bureau of Fire Services re: furnace in crawl space
03/21/2019	Contact - Document Received Email from Kris Curtis. Sent return email.
03/22/2019	Contact- Document Received Email from Micky Dingman. There is no requirement for rated door outside of the home.
03/22/2019	Contact- Document Sent Email to Kris Curtis re: furnace
04/03/2019	Inspection Completed On-site Verified furniture moved into home

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1924.

A. Physical Description of Facility

The Charmwood home is a one-story home located in Port Huron, MI. The home is a small adult foster care home with a capacity of six residents. The licensee for the home is Impact, Inc. The licensee is moving residents that are currently residing at their Allen Road Home (AS740072403) to the Charmwood home. Kristine Curtis will act as the licensee designee for the home. Aaron Foote will act as the administrator. Both were previously qualified and held these positions for the Allen Road Home. The home is owned by St. Clair County Community Mental Health and a copy of the warranty deed was provided. St. Clair County Community Mental Health also provided a letter giving permission to inspect for the purposes of licensing.

The Charmwood home has a living room, kitchen, dining area, five bedrooms, two full bathrooms and office/laundry room/half bathroom. The home does not have a basement. The living room and dining area offer a total of 449 square feet of living space which meets the required 35 square feet per person for six residents.

The five bedrooms in the home are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10" x 10'3"	111	1
2	15' x 10'2"	152	2
3	10'6" x 11'3"	118	1
4	10'7" x 9'3"	97	1
5	8'11" x 10'11"	97	1

Total capacity: 6

All five bedrooms have adequate space, bedding and storage. All of the bedrooms have a chair, mirror and window that opens. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

The home has city water and sewer. The water temperature was measured with a digital thermometer and found to be between 105-120 degrees Fahrenheit. The bathroom and bedrooms doors have non-locking against egress hardware. The furnace is located in a crawl space underneath the home. There are doors leading to the crawlspace at the back of the home. The Bureau of Fire Services stated that there is not a requirement for a rated door outside of the home. An invoice was provided from Dependable Heating, Cooling, and Refrigeration, Inc. to verify that a new furnace, air conditioning system and water heater were instated on 10/02/2019. Charmwood is wheelchair assessible. There are two emergency exits with ramps off the front and side of the home. The home has hard wired smoke detectors that appeared to be in working order at the time of inspection. There are fire extinguishers located in the office/laundry room/half bathroom and garage.

B. Program Description

The program statement for Charmwood states that it is a program for developmentally disabled and mental illness. The home will provide 24-hour care and supervision. The program statement indicates that Impact's mission is to provide consistent treatment programs based on an individual's needs, an enhanced and enriched environment, trained and supervised staff working 24 hour a day, 7 days a week, development of an individual plan of service that builds on the unique strengths, needs and desires of each individual and a comprehensive monitoring system that assists community mental health in monitoring individual progress, staff performance and overall agency goals. The home will assist residents with personal care including required eating/feeding, toileting, bathing, dressing, grooming, transferring, ambulation/mobility and taking medication. The home will provide a varied supply of leisure and recreational equipment and activities that are appropriate to the number, care, needs, age and interests of the

residents. A copy of the staffing schedule was provided for the home. Charmwood will have one to three staff per shift. The home is also wheelchair assessable and able to accept non-ambulatory residents.

Kristine Curtis will act as the licensee designee for the home. Ms. Curtis has been previously qualified as a licensee designee for Impact, Inc. Ms. Curtis is the Executive Director for Impact, Inc. Ms. Curtis had a negative TB test on 04/04/2017. She also provided a copy of a medical statement dated 03/01/2019 which indicates that she has no physical/mental condition or health problem that would limit her ability to work with or around dependent adults.

Aaron Foote will act as the administrator for the home. Mr. Foote has been previously qualified as an administrator for Impact, Inc. Mr. Foote is the Program Director for Impact, Inc. Mr. Foote had a negative TB test on 01/17/2017. He also provided a copy of a medical statement dated 03/01/2019 which indicates that he has no physical/mental condition or health problem that would limit her ability to work with or around dependent adults.

Ms. Curtis provided a signed letter that indicated Lezlie Harvey will act as the designated person for the home in her absence.

C. 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 to this AFC adult small group home, Charmwood (capacity 6).



04/03/2019

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



04/03/2019

Denise Y. Nunn
Area Manager

Date