



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 20, 2019

Debra McCoveny
Alternative Community Living, Inc.
70 Lafayette
Pontiac, MI 48342

RE: Application #: AS250397768
New Center
1921 Colchester Rd
Flint, MI 48503

Dear Ms. McCoveny:

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 and special certification with a maximum capacity of six (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 "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250397768
Applicant Name:	Alternative Community Living, Inc.
Applicant Address:	70 Lafayette Pontiac, MI 48342
Applicant Telephone #:	(248) 338-7458
Licensee Designee:	Debra McCoveny
Administrator:	Debra McCoveny
Name of Facility:	New Center
Facility Address:	1921 Colchester Rd Flint, MI 48503
Facility Telephone #:	(248) 338-7458 12/20/2018
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODOLOGY

12/20/2018	Enrollment
12/20/2019	SC-Application Received - Original
12/26/2018	Application Incomplete Letter Sent 1326 FP for Debra McCoveny
12/26/2018	Contact - Document Sent rule book
06/04/2019	Contact - Document Sent Ten Day Inactive Letter
06/12/2019	Contact - Document Sent Incomplete App Letter
06/13/2019	Contact - Document Received 1326 for Debra McCoveny
06/13/2019	Application Complete/On-site Needed
06/20/2019	SC-ORR Response Requested
06/20/2019	SC-ORR Response Received-Approval
06/20/2019	SC-Inspection Completed On-Site
06/20/2019	SC-Inspection Full Compliance
06/20/2019	SC-Recommend MI
06/20/2019	Inspection Completed On-site
06/20/2019	Inspection Completed-BCAL Full Compliance
06/20/2019	Recommend License Issuance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two-story building, located in a residential area in the City of Flint, MI. This facility is located in close proximity to numerous community businesses and resources. This facility is owned by Alternative Community Living LLC, the applicant.

The furnace and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware creating floor separation. The basement is constructed of material that has a 1-hour-fire-resistance rating. The furnaces and hot water heaters were inspected on approved on 5/30/19. The basement area is finished and will be used for staff offices and a staff bathroom area. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The laundry room is located on the main floor of the home and is adequate to meet the needs of six (6) residents. This facility is not wheel chair accessible.

The facility utilizes public water and sewer services. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health effective 6/20/19. This facility has two floors with resident bedrooms. Both floors are equipped with a full bathroom for resident use. There are three resident bedrooms on the ground floor and one resident bedroom (bedroom #4) on the second floor of this building. The bedroom measurements are as follows;

Bedroom #	Total Sq, Ft.	Resident Beds
1	84 sq. ft.	1
2	140 sq. ft.	1
3	155 sq. ft.	2
4	214 sq. ft.	2

The main living area of this facility measures 190 sq. ft. with an additional small sitting area measuring 160 sq. ft. This facility also contains a medication room, staff office, full kitchen with dining area large enough for all six (6) residents.

Compliance with Rule 400.15410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The facility has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15408. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Alternative Community Living LLC., submitted a copy of the required documentation. 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 (6) male or female ambulatory adults, age 18 or older, whose diagnosis is mentally ill in the least restrictive environment possible. 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.

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 applicant will ensure that the resident's transportation for program and medical needs are met. Woodland Park will also provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, 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 Administrator Qualifications

The applicant is Alternative Community Living LLC., which is a "Domestic Limited Liability Company", was established in Michigan on 4/21/87. 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, L.L.C. has submitted documentation appointing Debra McCoveny as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The licensee designee/ administrator has 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 (6)-bed facility is adequate and includes a minimum of 1 staff-to-15 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 employee's 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 and Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

III. RECOMMENDATION

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



6/20/19

Kent W Gieselman
Licensing Consultant

Date

Approved By:



6/20/19

Mary E Holton
Area Manager

Date