

LANSING

JENNIFER M. GRANHOLM GOVERNOR DAVID C. HOLLISTER

October 1, 2003

Ned Hargress Advance Care Inc P O Box 74484 Romulus, MI 48174

RE: Application #: AS820251656

Avalon

6007 Carnegie

Romulus, MI 48174

Dear Mr. & Mrs. Hargress:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (734) 665-4740.

Sincerely,

Jeff Bozsik, Licensing Consultant Bureau of Family Services 2121 W. Stadium Ann Arbor, MI 48103 (734) 665-4741

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

## I. IDENTIFYING INFORMATION

**License #**: AS820251656

**Applicant Name:** Advance Care Inc

**Applicant Address:** 34932 Ecorse Rd.

Romulus, MI 48174

**Applicant Telephone #:** (248) 738-4986

Administrator/Licensee Designee: Ned Hargress, Designee

Name of Facility: Avalon

Facility Address: 6007 Carnegie

Romulus, MI 48174

Facility Telephone #:

**Application Date:** 7/23/2002

Capacity: 6

Program Type: MI, DD, PH, Aged

#### II. METHODOLOGY

07/23/2002	Enrollment
08/06/2003	Comment Transferred for on-site - Entire LD file sent to Ann Arbor
09/30/2003	Inspection Completed On-site
10/01/2003	Inspection Completed-BFS Full Compliance

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

## A. Physical Description of Facility

The facility is a handicapped/wc accessible ranch home on a corner lot, located in a residential area, with both public water and sewer. The home has 4 bedrooms with the following sizes: #1: 132 s.f. (2 residents); #2: 91 s.f. (1 resident); #3: 132 s.f. (2 residents); and #4: 180 s.f. (2 residents). Additionally, there is 330 s.f. of general living room space. There are 3 bathrooms in the home and no basement.

## **B. Program Description**

The licensee provides programs for Mentally III, Developmentally Disabled, Aged, and Physically Handicapped populations. See program statement.

## C. Rule/Statutory Violations

The facility is in compliance with all applicable rules/statutes.

#### IV. RECOMMENDATION

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

Jeff Bozsik Licensing Consultant	Date: 10/1/03
Approved By:	
Linda Lee Area Manager	Date