



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

October 22, 2003

Theresa Brown
Bridgefort Inc.
P.O. Box 1120
Detroit, MI 48211

RE: Application #: AS820247625
Iroquois Street AFC
5026 Iroquois
Detroit, MI 48213

Dear Ms. Brown:

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 5 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 (313) 456-0380.

Sincerely,

Susan Williams, Licensing Consultant
Bureau of Family Services
Cadillac Pl. Ste 11-350
P.O.Box 02982
Detroit, MI 48202
(313) 456-0427

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820247625
Applicant Name:	Bridgefort Inc.
Applicant Address:	P.O. Box 1120 Detroit, MI 48211
Applicant Telephone #:	(313) 837-3552
Administrator/Licensee Designee:	Theresa Brown, Designee
Name of Facility:	Iroquois Street AFC
Facility Address:	5026 Iroquois Detroit, MI 48213
Facility Telephone #:	(313) 837-3552
Application Date:	04/16/2002
Capacity:	5
Program Type:	MENTALLY ILL

II. METHODOLOGY

04/16/2002	Enrollment
08/29/2003	Inspection completed - Onsite
09/12/2003	Inspection completed – Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story frame/aluminum siding building with a full basement that is not approved for resident use. There is no driveway, however the garage is accessible from the alley. There is a large fenced-in backyard for resident use. The facility is equipped with a hardwire smoke alarm system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility is located in a business / residential area in the City of Detroit that is near main bus lines.

The heat plant and hot water heater are located in the basement along with the laundry facilities. The basement is separated from the rest of the facility by a fire rated door that is equipped with a self-closure. The licensee provided documentation that the ceiling tiles in the basement are Class C or better.

The first floor consists of a large living room, dining room, and kitchen and kitchen nook.

The second floor consists of (4) four bedrooms, and a full bathroom.

Bedrooms were measured during the initial on-site inspection and have the following dimensions:

SECOND FLOOR

NE Bedroom	133 square feet	2 resident beds
SE Bedroom	102 square feet	1 resident bed
NW Bedroom	89 square feet	1 resident bed
SW Bedroom	80 square feet	1 resident bed

A live-in staff person will initially utilize the SW bedroom

The living room, and dining room measure 446 square feet of living space that far exceeds the required 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate five (5) residents.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policy, and standard procedures for the facility were reviewed and accepted as written. They indicate that the licensee will provide specialized care to five (5) female adults whose diagnosis is developmental disability and or mentally illness. The program goal is to provide a safe, clean, comfortable living environment where individuals can develop skills that would allow them to move to a less restricted environment. To accomplish this Milieu Therapy will be provided by trained direct care staff.

The trained staff will provide training to residents in basic self-care, mobility training, personal adjustment, and socialization skills. Residents will be referred from several agencies with which the licensee has a contract, i.e: Gateway, Person Centered Network, and Care Link.

The license will provide transportation to all appointments. Visits to family and friends will be arranged and encouraged and transportation will be provided. The facility will provide a monthly outing for all residents at no cost to them. Several churches in the area offer activities that promote socialization. The licensee will pay for memberships to the YMCA and health clubs.

C. Applicant and Administrator Qualifications

Bridgefort Inc., a non-profit corporation, is currently operating three other licensed adult foster care facilities. The corporation appointed Theresa Brown as licensee designee and administrator. A licensing record clearance request was completed with no lien convictions for the licensee designee/administrator. The Licensee designee/administrator submitted a medical clearance with current TB-tine negative results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules for that job position.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has indicated that the Michigan State Police LEIN System will be utilized as the process to identify criminal history when assessing good moral character of employees.

The applicant acknowledges an understanding of the medical and training requirements for direct care staff prior to the person working in the facility or being considered as part of the staff-to-resident ratio.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply.

IV. RECOMMENDATION

I recommend issuance of a temporary license to Bridgefort Inc. for operation of an AFC small group home (capacity 1-6.)

_____ Susan Williams Licensing Consultant	_____ Date
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Approved By:

_____ Christopher J. Hibbler Area Manager	_____ Date
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