



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

August 27, 2003

Carl Goretta
Karen's Helping Hands
4425 High St
Ecorse, MI 48229

RE: Application #: AS820250220
Karen's Helping Hands Two
20686 Coachwood
Riverview, MI 48192

Dear Mr. Goretta:

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 (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 #: AS820250220

Applicant Name: Karen's Helping Hands

Applicant Address: 4425 High St
Ecorse, MI 48229

Applicant Telephone #: (313) 928-3050

Administrator/Licensee Designee: Carl Goretta, Designee

Name of Facility: Karen's Helping Hands Two

Facility Address: 20686 Coachwood
Riverview, MI 48192

Facility Telephone #: (734) 479-0376

Application Date: 07/18/2002

Capacity: 6

Program Type: Mentally Ill

II. METHODOLOGY

07/18/2002	Enrollment
07/18/2002	Comment Corporate file transferred to me from load 03. Completed application and fee transmittal found in file- dated 5/02. It is unclear as to why this had not been registered by the previous consultant.
03/21/2003	Comment Transferred for onsite visit
07/08/2003	Inspection Completed On-site Policies reviewed / facility partial inspection
08/25/2003	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story brick and vinyl building with a full basement that is not approved 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. There is a two-car attached garage and a large driveway to allow for adequate off-street parking. The facility is located in a residential area in the City of Riverview. The facility is near a main bus line that provides access to Detroit and other surrounding suburbs. The facility is equipped with a central air conditioning system.

The basement contains 2 storage areas and a laundry area. Also located in the basement is the heat plant, consisting of a gas powered, forced air furnace and hot water heater. The basement is separated from the rest of the facility by a fire door.

The first floor consists of a half-bath, living room, family room, dining room, kitchen, and office.

The second floor consists of 4 resident bedrooms and a full bathroom. Bedroom # 4 includes a full bathroom that will only be used by the residents of that bedroom.

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

Bedroom # 1	93 square feet	1 resident bed
Bedroom # 2	138 square feet	2 resident beds
Bedroom # 3	120 square feet	1 resident bed
Bedroom # 4	144 square feet	2 resident beds

Based on the above information, it is concluded that this facility can accommodate six (6) residents.

The total square footage of this facilities' living space is 780 square feet, which far exceeds the required 35 square feet per resident requirement.

There is a large, 370 square foot, patio accessed off of the French doors in the family room. The patio contains a gas grill, picnic table and chairs, and several lawn chairs. It is fully enclosed with a 3-foot fence.

There is an in-ground swimming pool in the back yard, which will not be for resident use. It is equipped with a "Loop-Loc Safety Swimming Pool Cover" which has been custom made for this pool. This "Loc-Solid" swimming pool cover can only be accessed with special tools and will be serviced and maintained by Jones Pool Service, Inc. A maintenance log will be kept regarding the pool cover.

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 intends to provide a home-like setting for mentally challenged adults in the least restrictive environment possible. This is intended to maximize the social and psychological growth of the consumers of the facility. The principals of normalization will be applied to recognize the uniqueness of each individual. Emphasis is placed on having residents participate in a program designed to meet their social developmental needs. The resident population will consist of six (6) ambulatory adult males. Residents will be referred from several agencies with whom the licensee has a contract, ie: Gateway, Lincoln Behavioral Health, and Care Link.

The license will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. In addition, the facility will utilize local community resources including, public schools, public library, malls, and Riverfest Park.

C. Applicant and Administrator Qualifications

The licensee is currently operating another licensed foster care facility since 1994. A licensing record clearance request was completed with no lien convictions for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance with statement from a physician documenting good health and current TB-Tine negative test results.

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

