



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 25, 2023

Kayonna Ferguson
Alternative Community Living, Inc.
P. O. Box 190179
Burton, MI 48519

RE: License #: AM250294261
Genesee Regional Crisis Residential Unit
304 W. Tobias
Flint, MI 48503

Dear Kayonna Ferguson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #: AM250294261

Licensee Name: Alternative Community Living, Inc.

Licensee Address: P. O. Box 190179
Burton, MI 48519

Licensee Telephone #:

Licensee/Licensee Designee: Kayonna Ferguson

Administrator: Kayonna Ferguson

Name of Facility: Genesee Regional Crisis Residential Unit

Facility Address: 304 W. Tobias
Flint, MI 48503

Facility Telephone #: (810) 233-4093

Original Issuance Date: 12/14/2010

Capacity: 12

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/25/2023

Date of Bureau of Fire Services Inspection if applicable: 01/20/2023

Date of Environmental/Health Inspection if applicable: 07/25/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Facility was observed to have an adequate supply of food.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? 2 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

Christopher A. Holvey

7/25/2023

Christopher Holvey
Licensing Consultant

Date