



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

March 3, 2004

Mr. Greg Kirkland
Michigan Community Services Inc
PO Box 317
Swartz Creek, MI 48473

RE: Application #: AS250263591
Farmtree Home
9436 Farmtree Dr.
Swartz Creek, MI 48473

Dear Mr. Kirkland:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (517) 241-2488.

Sincerely,

James Zalba, Licensing Consultant
Office of Children and Adult Licensing
(517) 373-8805
FAX: 517-335-6121

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS250263591

Applicant Name: Michigan Community Services Inc

Applicant Address: 4239 Morrish Rd.
Swartz Creek, MI 48473

Applicant Telephone #: (989) 892-0948

Administrator/Licensee Designee: Greg Kirkland, Designee

Name of Facility: Farmtree Home

Facility Address: 9436 Farmtree Dr.
Swartz Creek, MI 48473

Facility Telephone #: (810) 635-4407

Application Date: 12/22/2003

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED
MENTALLY ILL

II. METHODOLOGY

12/22/2003	Enrollment
12/22/2003	Inspection Report Requested - Health
01/06/2004	Inspection Completed On-site
01/06/2004	Inspection Completed-BFS Sub. Compliance
01/06/2004	Corrective Action Plan Received
01/07/2004	Corrective Action Plan Approved
01/08/2004	Contact - Telephone call received Sanitarian from Genesee Co Health Dept. called to say that this facility was on both municipal sewer and water supply. Hence, there is no need for an environmental inspection.
02/11/2004	Comment This consultant made an on-site re-inspection of the facility.
02/11/2004	Inspection Completed-BFS Full Compliance Follow-up inspection completed.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story dwelling built on a cement slab and is located in a residential subdivision at the edge of semi-rural Gaines Township. The house consists of:

1. A dining room (measuring 142 square feet),
2. A living room (measuring 282 square feet),
3. An activity room (measuring 190 square feet),
4. Four bedrooms:
 - a. Bedroom #1 measured 161 square feet (2 beds),
 - b. Bedroom #2 measured 161 square feet (1 bed),
 - c. Bedroom #3 measured 161 square feet (2 beds),
 - d. Bedroom #4 measured 163 square feet (1 bed),
5. A kitchen,
6. A laundry room,
7. A small office,
8. 2 full bathrooms, and
9. A 2 ½-car garage

Two of the four bedrooms sleep two residents each, while the other two bedrooms are for single residents. The total living space measured 614 square feet, which is more than adequate for six residents. The furnace room is located off the garage and contains both the furnace and the hot water heater. A new furnace was recently installed.

The facility was inspected by this consultant on 1/06/2004 and 2/11/2004. The facility was found to be in compliance with all applicable rules and regulations for health and fire safety under the Adult Foster Care Licensing Act.

The home is owned by Nu-Housing Development Corp. and is leased to Genesee County Community Mental Health Board, which has a contract with Michigan Community Services, Inc., the licensee.

1. Administrative Structure

Michigan Community Services, Inc. was incorporated in January of 1982 and has facilities in Bay, Livingston, and Genesee counties.

2. Qualifications and Competencies

The board of Michigan Community Services, Inc. has designated Greg Kirkland as the licensee designee. Mr. Kirkland has extensive credentials in adult foster care and has received an acceptable licensing record clearance, medical certification, and TB status report.

Dora Carson is the administrator for this facility. She meets the experience criteria to be an administrator and has an acceptable licensing record clearance, medical certification, and TB status report.

B. Program Description

The facility will provide foster care services to six (6) adults, both male and female, who are developmentally disabled, through a contract with Genesee County Community Mental Health. The facility staff will provide basic self-care training and reinforcement skills in dressing, grooming, eating, bathing, toileting, and following simple directions to the residents. All residents will have an active treatment program that will identify several goal areas and specific skill objectives, conducive to client growth and development.

Transportation will be provided to all residents in the facility's own van. This includes transport to: day programs, medical clinics, hospitals, parks, shopping trips, community outings, and other recreational/social activities.

The provider is well aware of all facility, resident, and employee record-keeping requirements.

