

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



March 9, 2004

Charlotte Coleman-White Charlottes Care Inc 17373 Roxbury Southfield, MI 48075

> RE: Application #: AS820256000 Charlotte's Care II 1605 Fort Park Lincoln Park, MI 48146

Dear Ms. Coleman-White:

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,

Edith Richardson, Licensing Consultant Office of Children and Adult Licensing Cadillac Pl. Ste 11-350 P.O.Box 02982 Detroit, MI 48202 (313) 456-0429

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820256000
Applicant Name:	Charlottes Care Inc
Applicant Address:	17373 Roxbury Southfield, MI 48075
Applicant Telephone #:	(734) 557-8106
Administrator/Licensee Designee:	Charlotte Coleman-White, Administrator Charlotte Coleman-White, Designee
Name of Facility:	Charlotte's Care II
Facility Address:	1605 Fort Park Lincoln Park, MI 48146
Facility Telephone #:	(734) 285-1143 02/27/2003
Application Date:	02/21/2003
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED TRAUMATIC BRAIN INJURED

II. METHODOLOGY

02/27/2003	Enrollment
03/21/2003	Comment Transferred for onsite visit
02/27/2004	Inspection Completed On-site
03/08/2004	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Charlotte's Care II is a colonial style dwelling in the city of Lincoln Park. The home is not barrier free and therefore cannot house anyone that is non-ambulatory. This two-story structure has a kitchen, dining room, living room, full bath, and an office area on the first floor. Upstairs are three bedrooms and a full bathroom. The basement is separated from the rest of the facility by a fire door that is equipped with a self-closure.

The bedrooms are double occupancy. They were measured during the initial on-site inspection and have the following dimensions:

Southwest bedroom is 140 square feet of space. Southeast bedroom is 165 square feet of space. Northeast bedroom is 187 square feet of space.

The southwest bedroom does not have a closet and has been furnished with a standing wardrobe.

The facility is equipped with a smoke detection system powered from the building's electrical system and when activated initiate an alarm that is audible in all sleeping rooms with the door closed. The smoke detection system has been inspected and approved by a licensed electrician.

The living room and dining room areas provide an adequate amount of living space that meets the required 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) 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 intends to provide 24-hour personal care and protection for six (6) male and female adults whose diagnosis is mentally ill and/or developmentally disabled, in the least restrictive environment possible. The program will include

improved communication skills, improved community skills, improved self-care skills, and increased socialization skills. Emphasis is placed on having residents participate in a program designed to meet their social developmental needs. Residents will be referred from several agencies with which the licensee has a contract, i.e.: Gateway, Person Centered Planning, Behavioral Health Professionals Inc.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment and activities. It is the intent of this facility to utilize local community resources for recreational, educational and medical needs.

C. Applicant and Administrator Qualifications

Charlotte Care Inc, is a non-profit corporation formed on April 19, 1988. The corporation appointed Charlotte Coleman- White as licensee designee and administrator. Ms. White is the licensee designee/administrator for another home licensed under this corporation. Ms. White meets all requirements regarding qualifications, competencies, training and health. The licensee designee/ administrator has, on file with the department, a medical clearance and a current TB-tine negative test result. A licensing record clearance request was completed and there are no lien convictions for the licensee designee/administrator

The applicant acknowledges an understanding of the responsibility to assess and determine if each volunteer and employee of the facility are of good moral character. A copy of the corporation's policy for assessing and determining the good moral character of it's employees and volunteers was available at the facility.

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 this AFC adult small group home (capacity 1-6).

Edith Richardson Licensing Consultant Date

Approved By:

Christopher J. Hibbler Area Manager Date