ORIGINAL LICENSE

_____Inquiry Form

_____Application Transmittal Letter

__✓__Application

__✓__Supplemental Application

__✓__Fee Transmittal

__✓__Fire Safety Inspections

_____Approval of Smoke Detection System (1-6 only)

__✓__Environmental Health Inspections (If applicable)

_____Electrical/Boiler/Plumbing Inspection, etc.

_____Special Use Permit (7+ beds)

_____Confirming Letters

__✓__Corrective Action Plan

_____Addendum (If applicable)

__✓__BRS- 354 Compliance Determination Report

__✓__BRS-3193 and Bar Code

__✓__LSR Transmittal Letter

__✓__Licensing Study Report (Narrative)

_____Group Home Worksheet - AFC:F10 (Optional)

_____Field Worksheets (Optional)

_____Related Correspondence

__✓__Lease/Proof of Ownership

_____Licensee Qualifications (Group Home)(Optional)

Additional Items:

RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING

MAURA D. CORRIGAN
DIRECTOR

November 12, 2014

Gloria Mitzelfeld
LADD, Inc.
P.O. Box 965
Clarkston, MI 48347

RE: License #: AS140010484
Country Manor Home
23250 Hospital Road
Cassopolis, MI 49031

Dear Ms. Mitzelfeld:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 (616) 356-0100.

Sincerely,

Susan Gamber

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS140010484
Licensee Name:	LADD, Inc.
Licensee Address:	8054 Ortonville Rd Clarkston, MI 48348
Licensee Telephone #:	(810) 750-4596
Administrator/Licensee Designee:	Yvette Greene, Administrator Gloria Mitzelfeld, Designee
Name of Facility:	Country Manor Home
Facility Address:	23250 Hospital Road Cassopolis, MI 49031
Facility Telephone #:	(269) 445-2462
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED MENTALLY ILL

II. Purpose of Addendum

To modify population served to include mentally ill in addition to developmental disabilities.

III. Methodology

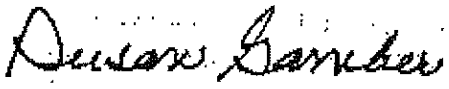
10/30/2014: Received request to add mentally ill to population served
11/07/2014: Received revised program and admission statements; application to modify specialized program certification

IV. Description of Findings and Conclusions

Country Manor Home has been licensed since 11/01/2014 and served a population of developmentally disabled adults as a specialized program. They have now revised their program and admission statements to include adults with mental illness in their population served. Residents will be compatible. Direct care workers have been trained to serve both populations. LADD has applied to include mental illness as a specialized program.

V. Recommendation

I recommend the addition of mental illness to the program type for the license and special certification. A change in the license status is not required.



November 12, 2014

Susan Gamber — Date
Licensing Consultant

Gamber, Susan (BCAL)

From: Julia Jeffreys <JJeffreys@laddinc.net>
Sent: Friday, November 07, 2014 9:21 AM
To: Gamber, Susan (BCAL)
Cc: Gloria Mitzelfeld; Yvette Greene
Subject: FW:
Attachments: Application for Spec. Cert 001.tif; (11)MI Program Admission Discharge Residential- MI Included.doc

This message was sent securely using ZixCorp.

Susan,

Here is the Application to revise the Specialized Certification to include Mental Illness for the Country Manor License and the updated Program & Admission Statement for that home.

Please let me know if you need any additional information .

Thank You,
Julia Jeffreys
Director of Services
(517)-795-4010

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From: Julie Jeffreys [mailto:juliaannjeffreys@gmail.com]
Sent: Friday, November 07, 2014 9:18 AM
To: Julia Jeffreys
Subject:

--
Thank You,
Julia Jeffreys

This message was secured by ZixCorp(R).

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING

RICK SNYDER
GOVERNOR

MAURA D. CORRIGAN
DIRECTOR

November 6, 2014

L.A.D.D.
ATTN: Julia Jeffreys, Director of Services
PO Box 965
Clarkston, MI 48347-0965

Re: Country Manor Home AS140010484
23250 Hospital Road
Cassopolis, MI 49031

Dear Ms. Jeffries:

I have received your letter requesting that the program type Mentally Ill be added to the license of Country Manor Home.

I have reviewed the licensing file for Country Manor, which presently identifies only the program of Developmentally Disabled. Your program statement and admission statement only identify that you serve individuals with developmental disabilities and provide that program.

Your program and admission statements for Country Manor Home will need to be revised to reflect the addition of Mentally Ill to your program and identify what services you will be providing, as well as how both populations will be compatible.

You will also need to submit a modification to your Certification for Specialized Programming if you want certification for the mentally ill.

Please call me at 269-762-2146 if you have questions.

Sincerely,

Susan Gamber

Susan Gamber, Licensing Consultant
Department of Human Services-Bureau of Children & Adult Licensing
322 E Stockbridge
Kalamazoo, MI 49001
269-762-2146

WE MAKE THE DIFFERENCE
L.A.D.D. INC.
We Value P.E.O.P.L.E.

Living Alternatives
For the
Developmentally
Disabled

Post Office Box 965, Clarkston, MI 48347-0965 | 248-625-3870

October 30, 2014

Susan Gamber
Licensing Consultant
322 E. Stockbridge Ave.
Kalamazoo, MI. 49001

Dear Susan Gamber,

This letter is a request to add Mentally Ill to the program type of the Country Manor License # AS140010484.

All employees are trained on the DCH approved Training Toolbox which includes a module on Mental Illness and Developmental Disability. LADD Inc. also trains it's employee on the Culture of Gentleness and Mandt training. All employees' are trained on and have knowledge of this population in each of our locations.

I also have a Bachelor of Science in Psychology and I am Registered Social Worker with the state of Michigan. I have worked in the Mental Health Field since 1994.

Please let me know if you need any further information.

Sincerely

Julia Jeffreys

Julia Jeffreys
Director of Services
LADD, Inc.

Michigan Department of Human Services
Bureau of Children and Adult Licensing

CERTIFICATION OF SPECIALIZED PROGRAMS APPLICATION FOR CERTIFICATION

FOR BCAL USE ONLY Assigned Licensing Staff
Receipt Date

SECTION I – FACILITY INFORMATION

1. Type of Application:
☐ INITIAL ☑ MODIFICATION: Specify Change: Addition of Mental Illness to License
Effective Date of Change: 11/10/14

2. Certificate Type (Population served must be mentally ill and/or developmentally disable as authorized by AFC License.)
☐ MENTAL ILLNESS ☐ DEVELOPMENTAL DISABILITY ☑ MENTAL ILLNESS & DEVELOPMENTAL DISABILITY

3. Facility Name	4. Facility Street Address	5. Facility City, State, Zip
Country Manor Home	23250 Hospital Road	Cassopolis, MI 49031
6. Area Code/Telephone Number	7. Area Code/Fax Number	8. Email Address (if applicable)
269-445-2462	269-445-2462	

9. Facility Mailing Address (if different than #4)	10. County	11. Township
	Cass	

12. AFC License Number	13. AFC Expiration Date	14. Licensed Capacity	15. Current Occupancy
AS140010484	05/01/2016	6	3

16. Number of individuals residing in the facility for whom you receive specialized compensation.
____ Persons with Mental Illness ____ Persons with Developmental Disability(ies) 6 Persons with Mental Illness and Developmental Disability(ies)

SECTION II – ADULT FOSTER CARE LICENSEE INFORMATION

17. Name of Licensee	18. Licensee Designee (if applicable)	
Gloria Mitzelfeld	Julia Jeffreys	
19. Street Address	20. City, State, Zip Code	21. Mailing Address (if different than #19)
300 Whitney Drive	Dowagiac, MI. 49047	
22. Area Code/Telephone Number	23. Area Code/Fax Number	24. Email Address
269-782-0654	269-782-3828	GMitzelfeld@laddinc.net

SECTION III – PLACING AGENCY INFORMATION (Attach additional sheets as necessary)

25. Agency Name	26. Contact Person	
Woodlands Behavioral Healthcare Network	Kathy Boes	
27. Street Address	28. City, State, Zip Code	29. Mailing Address (if different than #27)
960 M-60 East P.O. Box 97	Cassopolis, MI. 49031	
30. Area Code/Telephone Number	31. Area Code/Fax Number	32. Email Address
269-445-2451	269-445-3216	

SECTION IV – STAFFING INFORMATION

33. Staff-to-resident ratio on each shift:
A.M. Shift: 2 -3 Staff to 6People P.M. Shift: 2-3 Staff to 6People MIDNIGHT Shift: 2 Staff to 6 People

SECTION V – DESCRIPTION OF SPECIALIZED PROGRAM(S) PROVIDED

34. Specialized Program Description (Attach additional sheets if necessary)

See Attached Program and Admission Statements

SECTION VI – CERTIFICATION AND SIGNATURE

The applicant certified that the relevant provisions of 1974 PA 258, as amended (Mental Health Code), the Administrative Rules (330.1801 through 330.1809), and relevant portions of the 1985 Life Safety Code, Appendix F, which regulate the operation of Specialized Programs Offered to Persons with Mental Illness or Developmental Disability(ies) have been read.

The applicant certifies that the information contained in this application is true, complete and accurate to the best of the applicant's knowledge.

35. Adult Foster Care Licensee Name (print or type)	36. Licensee or Licensee Designee Signature	37. Date Signed
Gloria Mitzelfeld	Julia Mitzelfeld	11/07/2014

Authority:	1979 PA 218 1974 PA 258
Completion:	Mandatory
Penalty:	Certification will not be issued.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Gamber, Susan (BCAL)

From: Julia Jeffreys <JJeffreys@laddinc.net>
Sent: Friday, November 07, 2014 8:59 AM
To: Gamber, Susan (BCAL)
Subject: RE: Request to add program type to License
Attachments: (11)MI Program Admission Discharge Residential- MI Included.doc

This message was sent securely using ZixCorp

Susan,

Please let me know if the attached Admission and Program Statement is acceptable? I will get an updated application in for the Specialized Certification this upcoming week.

Thank You,
Julia Jeffreys
Director of Services
(517)-795-4010

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From: Gamber, Susan (BCAL) [mailto:Gambers@michigan.gov]
Sent: Monday, November 03, 2014 8:40 AM
To: Julia Jeffreys
Subject: RE: Request to add program type to License

Julia-The admission and program statements for this home state that you serve mentally ill. These will need to be revised to identify the mentally ill population and how services to both populations will be managed in the same home. You will also need to submit a revised Application for Specialized Certification if you want the MI program to be certified. Please call me at 269-762-2146 if you have questions.

From: Julia Jeffreys [mailto:JJeffreys@laddinc.net]
Sent: Thursday, October 30, 2014 7:21 PM
To: Gamber, Susan (BCAL)
Cc: Gloria Mitzelfeld; Yvette Greene
Subject: Request to add program type to License

This message was sent securely using ZixCorp

Susan,

Please see the attached request to add Mentally Ill to the Program Type for the Country Manor license. Please let me know if you need any additional information.

Thank You,
Julia Jeffreys
Director of Services
(517)-795-4010

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LICENSE APPLICATION
ADULT FOSTER CARE FACILITY
Michigan Department of Social Services

FOR DSS USE ONLY

Consultant Number	Receipt Date	License Number
VERSHAW		

Application type: ☒ Original ☐ Renew

Was Fee Received? ☐ Yes ☐ No

FACILITY/HOME INFORMATION

1. Facility/Home Name: COUNTRY MANOR

2. Facility/Home Type: ☐ Family Home (1-6) ☒ Sm. Group Home (7-12) ☐ Lg. Group Home (13-20) ☐ Congregate Facility (21 or more)

3. Applicant Name: LADD INC

4. Proposed Capac.: 6

5. Facility/Home Street Address: 23250 HOSPITAL ROAD

6. Area Code, Facility Phone Number: 616-445-3463

7. City/Village: CASSOPOLIS

8. Township:

9. County: CASS

10. State: MI

11. Zip Code: 49031

12. Zoning Authority: ☐ Township ☒ City/Village Named Above

PARENT ORGANIZATION INFORMATION (person, partnership, corporation, or association, if applicable)

13. Name (if same as above, indicate "same"): LADD INC

14. Area Code, Telephone Number: 313-625-3870

15. Street Address: P.O. BOX 965

16. City/Village: CLARKSTON

17. State: MI

18. Zip Code: 48347

SPONSOR INFORMATION (if applicable)

19. Name (if same as above, indicate "same"): CASS REHABILITATION CENTER

20. Area Code, Telephone Number: 616-445-3833 KALAMAZOO

21. Supplemental Information:

22. Street Address: 124 AUSTIN ST.

23. City/Village: CASSOPOLIS

OCT - 9 '92

24. State: MI

25. Zip Code: 49031

26.

COUNTY #14

I have read Act No. 218, P.A. 1979 and the Administrative Rules regulating the operation of the Adult Foster Care Facility indicated above, and if granted a license, will endeavor to comply with the Act and these rules.

In order to permit a proper determination of conformity with the rules, I give permission to the Department of Social Services to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site evaluation of the proposed facility. The investigation may include the securing of statements from references I submit, as well as from others who may make judgments as to my ability to comply with the rules.

I am aware of the legal provision that to operate an adult foster care facility without a license constitutes a misdemeanor as stated in Section 13 and Section 31 of Act 218, Public Act of 1979.

I hereby certify that if I or any member of the staff having direct contact with adults have been convicted of an offense for other than a minor traffic violation, such information shall be shared with the Department.

I also certify that any information I give in respect to the investigation will be, to the best of my ability, true and correct.

27. Applicant Name (please print or type)	28. Applicant Signature	29. Date
LADD INC		10-8-92
30. Spouse Name (If joint application)	31. Spouse Signature	32. Date
33. Applicant's Home Telephone Number	34. Witness Signature	35. Date
313-625-3870		10-8-92

36. Applicant's Home Address: P.O. Box 965 Clarkston, MI 48347

37. A non-refundable license fee, payable by check or money order ONLY to: State of Michigan, Department of Social Services, must ACCOMPANY this application. (See enclosed fee instructions.) The fee's are:

Family Home — ~~$45.00~~
Small Group Home — ~~$60.00~~
Large Group Home — ~~$50.00~~
Congregate Facility — ~~$75.00~~

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.

AUTHORITY: PA 218 of 1979.
COMPLETION: Is required if this is a license renewal.
NON-COMPLETION: Will result in a refusal to renew your license.

DSS-569 (Rev. 2-86) Previous edition may be used.

APPLICATION FEE TRANSMITTAL
Michigan Department of Social Services
ADULT FOSTER CARE LICENSING

Applicant/Licensee: See reverse side for instructions.

FOLD HERE AND INSERT IN ENVELOPE

1. Applicant/Licensee Name			9. Facility Name		
2. Applicant/Licensee Address (Street Number & Name)			10. Facility Address (Street Number & Name)		
3. City	4. State	5. Zip Code	11. City	12. State	13. Zip Code
6. Type of Facility	7. Capacity	8. Amount Due $.	14. Consultant Name		15. Date Prepared
Applicant/Licensee DO NOT SEND CASH. (See reverse side for instructions.)		17. Amount Enclosed $.	16. Consultant Address (Street Number & Name)		

Michigan Department of Social Services
Bureau of Regulatory Services County Dept. of Soc. Serv.
196 Oakland Avenue
Pontiac, MI 48342

ATTN: Accounting Unit

DSS-2066 (Rev. 6-90) Previous edition obsolete.

AUTHORITY: PA 218 of 1979, Sec. 13, as amended.
COMPLETION: Mandatory.
PENALTY: License will be denied.

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

DISTRIBUTION: PART 1 - Accounting Unit
PART 2 - AFC Licensing
PART 3 - Applicant/Licensee

OFFICIAL CASHIERS RECEIPT
State of Michigan – Department of Social Services

COUNTY OR UNIT 39 D 18275

CASE NAME Ladd Inc. CASE NO.

RECEIVED OF P.O. Box 945 Clarkston, 48347

OFFICIAL FIELD RECEIPT NO.	REASON	AMOUNT	ACCOUNT NO.
	572	25 -	
	AFC		
	County Manor	25 -	015.689.710

BY P. Ahrel DATE 10/13/92

DSS-3681 (3-74) *Original – Payor, Duplicate – Case File, Triplicate – Retained in Book*

SUPPLEMENTAL INFORMATION
ADULT FOSTER CARE FACILITY
Michigan Department of Social Services

INSTRUCTIONS: Attach additional sheets, if necessary. Licensing Consultant - Complete last item before providing form to applicant.

FOR DSS USE ONLY

Consultant Number	Receipt Date	License Number
VERSHAW		

Application Type: ☒ Original ☐ Renewal — ☐ Governmental ☐ Non-Governmental — Was Fee Received? ☐ Yes ☐ No

1. Applicant Name (last, first, ~~middle~~, former or maiden) List both if joint.	2. Social Security Number	3. Driver's License Number	4. Birth Date
A. [illegible]	N/A	N/A	N/A
B. (If joint)			

5. Marital Status: ☐ Single N/A ☐ Married ☐ Separated

6. Employment	Place of Employment	Job Held (Shift)	Hours Worked (Shift)	Annual Income(s)
A. Applicant(s)				
B. Administrative Personnel (Facility Staff)	[illegible]	ADMINISTRATOR	40	52,000
	[illegible]	DIRECTOR	40	52,000

7. Does Non-Applicant-Spouse live in Facility? ☒ No ☐ Yes (must sign the following statement)

I hereby certify that I am not an applicant for an adult foster care facility license. I acknowledge awarness of the filing of applications for adult foster care. I have no objection to the provision of foster care in the home. This acknowledgment does not bar future disclosure of testimony of facts of activities in the facility. My actions will not prohibit compliance with the statute or rules.

Spouse Signature	Date

8. Does applicant intend to reside in the facility and be the facility administrator? ☐ Yes ☒ No (explain arrangements)

HOME STAFFED ON A TWENTY FOUR HOUR ROTATING SHIFT MODEL

9. The following information must be submitted to the Department:

A. Description of any health problems, mental problems or emotional problems of the family members, staff members or other non-resident members of the household.

NONE ARE KNOWN

B. Description of any convictions of the applicant or responsible persons for other than a minor traffic violation.

NONE — KALAMAZOO OCT - 9'02 COUNTY #14

C. Description of applicant's financial difficulties (bankruptcy, credit problems, evictions, repossessions)

NONE

10. Do you now or have you ever cared for persons other than your family or operated a foster care facility (permit home, licensed residential care facility, community placement facility, any equivalent type facility, licensed/certified foster care for children) or ever made an application to operate a foster care facility to any agency?

☐ No ☒ Yes (complete the following) License Number SEE ATTACHED

a. Date	b. Name of Agency	c. Type of Care
1978 -	SAME	AFC SMALL GROUP

11. Enter the number, name and address of Adult Foster Care facilities you now operate. Use additional sheet if necessary. DO NOT include licensed nursing homes or homes for the aged.

Number of Facilities: _____

Name	Address	City	Zip
	SEE ATTACHED		

DSS-3442 (Rev. 4-86) Previous edition may be used.

12. Number of Adults I would prefer to accommc	13. I would prefer	14. Ages
6	☐ Males ☐ Females ☒ Males and Females	18 & OLDER

15. Type of resident population to be accommodated (A separate program statement must be submitted for each type of resident population checked)

- ☒ 1. Developmentally Disabled
- ☐ 2. Social Emotional Problems
- ☐ 3. Physically Handicapped
- ☐ 4. Aged
- ☐ 5. Other _____

16. Names of three persons to whom the Department may provide "Reference Questionnaires" for completion. (You may use your physician if you like.)

Name of Reference	Address	Occupation
P. DOBBECK	CROCKER BLVD MT CLEMENS MI	DIRECTOR MACOMB FAMILY SERVICES
E. DEHOOG	SCHOOLCRAFT ROAD LIVONIA MI	DIRECTOR, PROGRESSIVE RESIDENTIAL SERVICES
R. FINK	3200 W. MICHIGAN KALAMAZOO, MI	PRESIDENT WOOD HILLS INC

17. Directions for reaching facility from DSS office.

18. Current Zoning Status or Classification	19. Date Started as AFC Facility at this Location	20. Ownership of Facility to be Licensed
RESIDENTIAL		☐ Own ☒ Rent ☐ Buying

21. If Renting, Please Complete the following.

Name of Owner (last, first, middle)	Phone	Street Address	City	Zip

22. In addition to the above information, the following material will also be required as part of the Adult Foster Care Licensing Application:

(If this application is for renewal of your license, submit only those items circled.)

1. Program Statements
2. Completed Medical Release and Request for Information Form(s) for the Applicant and Employees
3. Spouse's Concurrence Statement If Living in the Facility and Not a Joint Application. (Complete Item 12 on this Form.)
4. Names and Employment Positions, Qualifications and Job Descriptions for all Staff (employees) Working in the Facility.
5. A Copy of any Existing Foster Care Agreement and Contract between the Facility and a Sponsoring Agency.
6. Admission Policy Statement Including Specification of Facility Rates and Charges.
7. Part 2 of the Application Fee Transmittal Form (DSS-2066)

23. List all persons with ownership interest in the facility. (Either property or business) Use additional sheets if necessary.

Name	Address	City	Zip

24. If the Applicant is a Corporation, attach the following information. ☐ Profit ☒ Non-Profit

1. Articles of Incorporation
2. List of Board of Directors (including name, title, address and phone number)
3. Description of Administrative Structure

Complete items 25 - 29 only if you are applying for a group home or congregate facility; all others go to Item 28.

25. Floor plan with measurements (small group, large group and congregate facilities only)

26. Financial statement and proposed annual operating budget (group and congregate facilities only)

27. Approval from zoning authority for special or conditional use permit if you are applying for a capacity of 7 or more residents.

28. Applicant Signature	29. Date	30. Joint Signature	31. Date
[signature]	10-8-92		

32. Return Application To:

Michigan Department of Social Services
Bureau of Regulatory Services
196 Oakland Avenue
Pontiac, MI 48342

ATTN: Adult Foster Care Licensing Consultant

AUTHORITY: Act 218, PA of 1979.
COMPLETION: Is required.
CONSEQUENCE OF NONCOMPLIANCE: Applicant cannot be licensed.

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.

10 PAD (6/88)
DEPARTMENT OF STATE POLICE
FIRE MARSHAL DIVISION

FIRE SAFETY INSPECTION/CERTIFICATION REPORT

FACILITY NAME	DATE OF INSPECTION	COUNTY	FM NO. ☐ OPEN ☐ CLOSED
COUNTRY MANOR	10-16-92	CASS	
ADDRESS	FACILITY TYPE	RULES OR CODE	JOB/LIC./FAC. NO.
23230 HOSPITAL RD.	AIS/MR	LSC HCFA	
CITY / STATE / ZIP	FACILITY REP.		INSPECTION TYPE
CASSOPOLIS MI 49031	BEATRICE PRATT ENANTE		ANNUAL

RULE NO.	DESCRIPTION OF NON-COMPLIANCE
	FULL APPROVAL SEE FEDERAL FORMS

NOV 2 - 1992

DISTRIBUTION

FOR FUTURE USE

FIRE SAFETY CERTIFICATION
☐ FULL APPROVAL ☑ ~~TEMPORARY~~ APPROVAL UNTIL NEXT INSP ☐ DISAPPROVAL

INSPECTING OFFICIAL	ADDRESS	TELEPHONE
Greg CRAYS	MI. STATE POLICE 108 W. MI.	(616-657-5571
SIGNATURE OF OFFICIAL	CITY / ZIP	REVIEWED BY
Greg Crays	PAW PAW 49079	C E

ENVIRONMENTAL H. LTH INSPECTION REPORT (PA. -A)
WATER SUPPLY AND SEWAGE DISPOSAL
Michigan Department of Social Services

1. Name of Facility: Country Manor	3. License Number: SG 14 00006
2. Address of Facility (Number and Street): 23250 Hospital Street	4. Type of Facility: AFCGH 6
City: Cassopolis / State: MI / Zip Code: 49031	5. Have there been any major changes to buildings and grounds since the last inspection? ☐ NO ☐ YES ▶ If yes, describe in 5a.
5a. Describe major changes to buildings and grounds since last inspection.	

SECTION 1 - WATER SUPPLY SYSTEM

6. Is a municipal water supply system available? ☒ YES ☐ NO	8. Explain: Four inch submersible pump located in rear yard. Pressure tank in crawl space and isolation distance from septic system is 80 LFT.
7. If yes, is it utilized? ☐ YES ☐ NO	
9. Bacteriological Analysis ☒ SAFE ☐ UNSAFE / 10. Date Sampled: 10-07-92	11. Is the private well construction, location and maintenance satisfactory? ☒ YES ☐ UNABLE TO DETERMINE ☐ NO (Explain)

12. CHEMICAL ANALYSIS (Where necessary)

CHEMICAL TYPE	DATE SAMPLED	CONCENTRATION	RECOMMENDED LIMITS
Nitrates (No_3)	10-07-92	6.1 PPM	10.0 PPM
		PPM	PPM

13. PRIORITY STATUS (If any water supply system is unsatisfactory, indicate your priority recommendation and explain)

Priority (Back of Form): ☐ I ☐ II ☐ III ☐ IV

Reason for Priority:

14. If water supply system is not satisfactory, cite DSS rule number, violation and means of correction:

KALAMAZOO
OCT 21 '92
COUNTY #14

SECTION 2 - SEWAGE DISPOSAL SYSTEM

15. Is a municipal sewage disposal system available? ☐ YES ☒ NO	17. Explain:
16. If yes, is it utilized? ☐ YES ☐ NO	

18. If the sewage disposal system is not satisfactory, cite DSS rule number, violation and means of correction:

R 400.1424 (2) Existing final disposal area has failed. Please obtain an application for sanitation permit from this office an have septic tank pumped as required to prevent raw sewage from appearing upon the surface of the ground or backing up into the house.

Use Additional Sheets When Necessary and Refer to Item Numbers

RECOMMENDATION

A. ☐ This facility has been determined to be in substantial compliance with applicable rules.
B. ☒ Because of the above listed deficiencies, temporary approval is recommended until the next annual inspection or report.
C. ☐ Because of the above listed deficiencies, temporary approval is recommended until (date) _____.
D. ☐ This facility has been determined to be in substantial non-compliance with applicable rules. Approval is not recommended.

If you have any questions concerning this report, please contact the inspecting health agency named below.

19. Name of Inspecting Health Agency: Cass County Public Health Department		20. Agency Telephone Number: (616) 445-5280	
21. Agency Address (Number, Street): 201 M-62 North	22. City: Cassooplis	23. Zip Code: 49031	24. Time Spent (Minutes): 40
25. Interviewee Signature	26. Signature of Sanitarian: David J. Dalmer, Public Health Sant.		27. Inspection Date: 10-16-92

DSS-1788 (Rev. 12-88) Previous edition obsolete.

LICENSING CONSULTANT

CORRECTIVE ACTION PLAN

Sunby Manor AHS/MR

Name of Licensee: LADD, Inc. Provider No.: SC-74 000 14

Address of Facility: 23250 Hospital Rd Cassopolis

It is my intention to correct the following deficiencies in the manner and time indicated:

Rule 348(2) Sewage disposal systems shall meet the requirements of the state department of public Health. (The septic tank has failed.)

Corrective Action: The septic tank shall be pumped as required to prevent raw sewage from appearing on the surface of the ground and the system will be repaired and/or Replaced if within 6 six months. It will be pumped as needed, beginning Nov 1st month Completion Date: 5/93

Rule 347(3) Regarding safety generally: Install handrails in the area of tub and shower (Current provisions are inadequate).

Corrective Action: (1) Handrails will be ordered & installed w/in the first 30 days.

Completion Date: 11/30/92

Rule 331(1) Regarding Home environment: Repair Closet doors in rear bedroom (Off runners).

Corrective Action: (1) Closet doors will be repaired w/in the first 30 days

Completion Date: 11/30/92

Rule 4 regarding smoke detection equipment. Test the 100% automatic smoke and fire detection system according to the procedures of the manufacturer and/or the State Fire Marshal upon gaining access to the facility and prior to occupancy by AFC residents. Notify this office by system failure immediately.

Corrective Action: DONE

Completion Date: 10/26/92

Licensee

10-27-92
Date

Wally Vesaw
Licensing Consultant

CORRECTIVE ACTION PLAN

Name of Licensee: LAPP Inc Country Manor Provider No.: SG-140014

Address of Facility: 23250 Hospital Rd Cassopolis

It is my intention to correct the following deficiencies in the manner and time indicated:

Rule 12(1) Regarding emergency preparedness, etc. Provide this office with a copy of the Emergency Evacuation floor plan approved by LAPP, Inc. for the facility.

Corrective Action: DONE

Completion Date: 10-26-92

Rule 35.5(1) Regarding employee records and schedules. Provide this Office with a listing of staff by name as they are selected and indicate by reference if employment records are in the file: Health & T.B. Verification; Board/moral character/suitability Verification and employee records,

Corrective Action: DONE

Completion Date: 10-26-92

Rule

Corrective Action:

Completion Date:

Rule

Corrective Action:

Completion Date:

Teresa Shaw
Licensee

10/27/92
Date

Wally Vereaux
Licensing Consultant

ADULT FOSTER CARE FACILITY COMPLIANCE
DETERMINATION REPORT
Michigan Department of Social Services

License Number:
SG 0014

License Effective Date:
11/01/92

Reason for Determination:
2 ORIGINAL

Date of Original Application:
10/13/92

I. FACILITY/LICENSEE INFORMATION:

Facility Name:	Licensee Name(s):
COUNTRY MANOR	L.A.D.D. INC
No. and Street: 23250 HOSPITAL RD	No. and Street: 8054 ORTONVILLE RD
City: CASSOPOLIS State: MI Zip: 49031	City: CLARKSTON State: MI Zip: 48347

II. SCOPE OF EVALUATION:	Completed Yes	Completed No
A. Determination of Compliance with Act 218, P.A. 1979 as amended	X	
B. Determination of Compliance with Licensing Rules	X	
1. Quality of Care Rules	X	
2. Physical Plant Rules	X	
3. Fire Safety Rules	X	
c. Variances Granted		X

III. LICENSING RECOMMENDATION:

1 TEMPORARY

IV. ATTACHMENTS:

A. Adult Foster Care Group Home Compliance Record.

1. Quality of Care Rules
2. Physical Plant Rules
3. Fire Safety Rules
4. Environmental Report

B. Other
THIS LICENSING ACTION REPRESENTS A CHANGE OF LICENSEES FROM SG1400006

Licensing Consultant Signature Date

Wally Vessar 10/29/92

ADULT FOSTER CARE LICENSING TRANSACTION
Michigan Department of Social Services

2. Lic. Action
1

3. Lic. No.
547

4. Cons. No.
046

7. Fac. Name:
COUNTRY MANOR

8. St. Addr.:
23250 HOSPITAL RD

9. City :
CASSOPOLIS

10. St.
MI

11. Zip.
49031

12. Tel. No.
6164453463

13. Co.
14

14. Orig. App. Date
101392

15. Zoning Auth.
0327

16. Mail Code
2

17. Lic. Eff. Dt.

19. Fac. Type
SG

20. Rule Viol.

21. Act Viol.
NO

a. Fire 0
b. Envir. 0
c. Qual. 0
d. Admin. 0
c. TOTAL 0

22. AIS/MR
1

23. CLF/DD
2

24. CLF/MI
2

25. Lic. Type
0

27. Cont. Agencies A. 02 B. 00 C. 00

28. Capacity
006

30. Prev. Lic. No.
SG1400006

32. Appeal Type
0

33. Appeal Date

34. Close Reason
00

35. Close Cause
00

36. Close Date

37. Oper. Name:
L.A.D.D.

38. St. Addr. :
8054 ORTONVILLE RD

39. City :
CLARKSTON

40. St.
MI

41. Zip.
48347

42. Tel. No.
3136253870

43. Auspices
1

44. Corp. Status
2

45. Dev. Agn. Name:
CASS CMH

46. St. Address :
109 1/2 SCHOOL ST

47. City :
CASSOPOLIS

48. St.
MI

49. Zip.
49031

50. Tel. No.
0000000000

51. Contact Person
LINDA LEGGETT

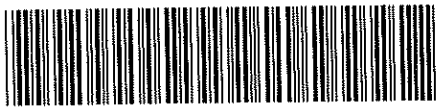
DSS-3193 (facsimile)

Date: 10/13/92

L I C E N S I N G T R A N S A C T I O N R E C O R D

LICENSE NO.: * *





TRANSACTION NO.: *AFA2081K60770*

Action Date: 10/13/92

Facility Name: COUNTRY MANOR

Licensing Action: 1 Enrollment

Assigned Consultant: 046

STATE OF MICHIGAN

JOHN ENGLER, Governor

DEPARTMENT OF SOCIAL SERVICES

GERALD H. MILLER, Director

KALAMAZOO COUNTY
DEPARTMENT OF SOCIAL SERVICES
322 Stockbridge
Kalamazoo, Michigan 49001

TRANSMITTAL LETTER

October 28, 1992

David Mansell, Executive Director
LADD, Inc.
P.O. Box 965
Clarkston, MI 48347

RE: Country Manor
License #SG1400014

Dear Mr. Mansell:

Attached is the Licensing Study Report for Country Manor.

Based upon compliance with the Administrative Rules and the Adult Foster Care Licensing Act, a Temporary License will be issued. The terms of your License will enable you to provide a General Program for six (6) adults. The effective dates of the License are 11/01/92 through 04/31/92.

Please review all of the documents carefully.

As required by Act 218 (1979), Section 9(2), the Department provides Technical Assistance to assist Homes and Facilities in meeting the requirements of the Licensing Act and the Administrative Rules. The Department also provides consultation, upon written request, to assist Homes and Facilities to improve services to adults.

If you have further questions, please feel free to contact me at: 322 Stockbridge Avenue, Kalamazoo, Michigan 49001 or by phone at (616) 388-6483.

Sincerely,

Wally Vetsaw

Wally Vetsaw, AFC Licensing Consultant
KALAMAZOO COUNTY DEPARTMENT OF SOCIAL SERVICES

WV:nf-w

Attachment

cc: Central Office File
Cass County D.S.S.
Cass County C.M.H.
Michigan Dept. of Public Health, A. Haas
Case File

LICENSING STUDY REPORT

I. LICENSING DATA

Facility Name:	Country Manor
Facility Address:	23250 Hospital Road Cassopolis, MI 49031
Facility Telephone:	(616) 445-3463
Facility License Number:	SG1400014
Licensee Name:	L.A.D.D., Inc.
Licensee Address:	P.O. Box 965 8054 Ortonville Road Clarkston, MI 48347
Licensee Telephone:	(313) 625-3870
Program Designation:	AIS/MR
Population Served:	Developmentally Disabled
Responsible Agency:	Cass CMH
Case Manager:	Lisa McKinney
Zoning Authority:	0327 Silver Creek Township
Zoning Approval Date:	Existing Facility
Environmental Certification:	10/16/92
Fire Safety Certification:	10/22/92
Original License Date:	11/01/92
Directory Information:	Capacity - 006 Age Range - 18 and over Gender - Males & Females Barrier Free - Yes Smokers - Not allowed
Current Licensee:	Residential Services of SW Michigan, Inc.
Current License Number:	SG1400006

Purpose of Study: Appliction to Change Licensees

Date of On-site Inspection: 10/22/92

Licensing Recommendation: Temporary License

Directions to Facility: M-62 South of Cassopolis - west on Hospital Street of facility on north side.

II. SUMMARY OF FINDINGS

The Study is based upon Act No. 218 of the Public Acts of 1979, as amended, and the Administrative Rules governing operation of Adult Foster Care Facilities. Included in the inspection was a review of policies and practices regarding resident care, resident programming, and Administrative Management as well as Fire and Environmental Safety. The findings of the on-site inspection are as follows:

A. Administrative Structure:

L.A.D.D., Inc. is the Licensee. Cass County CMH is the renter of the Facility. The primary caregiver are employees of L.A.D.D., Inc. on a shift basis. Other designated responsible persons include: Theresa Shave is the L.A.D.D., Inc. Administrator designated responsibility for daily operation of the facility.

A review of the application and support documents such as the Financial Statement and Medical Information Form indicate substantial compliance with the applicable Rules regarding Administrative Structure and capability of the Licensee.

B. Admission Criteria:

L.A.D.D., Inc. has filed an Admission Policy with the Department. The provider prefers to care for both men and women who are developmentally disabled. Residents must be ambulatory and ages 18 and over. Smokers are not accepted. Residents using wheelchairs can be accommodated.

C. Facility Program:

L.A.D.D., Inc. will provide an AIS/MR Program which includes basic self-care, habilitation training and transportation.

D. Physical Plant:

1. Physical Description of Facility

This is a facility that was designed, constructed, and inspected by various authorities in accordance with the criteria that is specified for the AIS/MR program.

It is a single story home with grade level egress in an area of a few similar homes near Cassopolis, Michigan. The facility meets and generally exceeds licensing requirements for homes of this capacity when properly maintained.

2. Fire Safety

On 10/22/93, a Fire Safety Report was completed. The Report indicated this Facility is in substantial compliance with Rules pertaining to Fire Safety.

3. Environmental Report

On 10/16/92, an Environmental Report was completed. The Report indicated this Facility is in substantial compliance with Rules pertaining to Environmental Safety. Corrective Action must be taken during the next six months to retain approval.

4. Emergency Procedures

In accordance with Rule 361 a written procedure in case of fire or other emergency is available. Emergency telephone numbers are posted near the telephone. Fire Drills are being held quarterly. Fire drills are recorded on a regular basis.

E. Items of Non-Compliance with the Administrative Rules:

Quality of Care

Compliance with the Administrative Rules addressing quality of resident care cannot be determined for the new licensee at this time. Compliance with these Rules will be determined at the time that the Temporary License is renewed in about six months based upon the actual care delivered to the residents by the facility.

Physical Plant

The physical plant deficiencies are as cited in the Corrective Action Plan dated 10/27/92 which is an addendum to the Licensing Study.

III. RECOMMENDATIONS

Based upon the Licensing Evaluation, I recommend that a Temporary License be issued for six (6) months.

The terms of the License will enable the Licensee to provide a General Program which consists of basic self-care, habilitation training, and transportation for six (6) residents.

10/30/92
Date

Wally Versaw
Wally Versaw, AFC Licensing Consultant

WV:nf-w

ADULT FOSTER CARE GROUP HOME COMPLIANCE RECORD
QUALITY OF CARE RULES
R 400.2111 - R 400.2113; R 400.2116 - R 400.2122;
R 400.2302 - R 400.2324; R 400.2351 - R 400.2375

License Number:
SG1400014

Date of Onsite Visit
10/22/92

Michigan Department of Social Services

	IN COMPLIANCE		SEE ADDENDUM
	YES	NO	
R400.2111 Licensing applications and renewals.	X		Y
R400.2112 Inspections and investigations.	X		Y
R400.2113 License limitation of numbers of residents and beds; posting of license; change of information provided in license application.	X		Y
R400.2116 Reports.	X		Y
R400.2119 Grievance procedures.	X		Y
R400.2122 Staff training programs.	X		Y
R400.2302 Licensees and administrators.	X		Y
R400.2303 Admission and discharge.	X		Y
R400.2304 Illnesses and accidents.	X		Y
R400.2305 Deaths of residents.	X		Y
R400.2306 Personnel policies and health supervision.	X		Y
R400.2307 Staffing.	X		Y
R400.2311 Services for residents.	X		Y
R400.2312 Care of residents.	X		Y
R400.2313 Residents, personal care.	X		Y
R400.2314 Complaints.	X		Y
R400.2315 Health care of residents.	X		Y
R400.2316 Prohibited practices.	X		Y
R400.2317 Assessment plan.	X		Y
R400.2318 Resident activities.	X		Y
R400.2321 Residents funds, access, safekeeping.	X		Y
R400.2322 Accounting of residents funds.	X		Y
R400.2323 Charges against residents funds.	X		Y

QUALITY OF CARE RULES - Continued	IN COMPLIANCE		SEE ADDENDUM
	YES	NO	
R400.2324 Transactions prohibited; review.	X		Y
R400.2351 Records generally.	X		Y
R400.2352 Resident records.	X		Y
R400.2353 Resident register.	X		Y
R400.2354 Accident records and incident reports.	X		Y
R400.2355 Employee records and schedules.	X		Y
R400.2356 Residents grievances and complaints record.	X		Y
R400.2357 Resident funds and valuables.	X		Y
R400.2371 Quality of meals.	X		Y
R400.2372 Food service.	X		Y
R400.2373 Equipment.	X		Y
R400.2374 Meal planning.	X		Y
R400.2375 Staff.	X		Y

ADULT FOSTER CARE GROUP HOME COMPLIANCE RECORD
PHYSICAL PLANT RULES
R 400.2331 - R 400.2348

License Number:
SG1400014

Date of Onsite Visit
10/22/92

Michigan Department of Social Services	IN COMPLIANCE		SEE ADDENDUM
	YES	NO	
R400.2331 Home environment.	X		N
R400.2332 Living areas.	X		N
R400.2333 Bedrooms.	X		N
R400.2334 Bedding and linen.	X		N
R400.2347 Safety, generally.	X		N
R400.2348 Water and sanitation.	X		N

ADULT FOSTER CARE GROUP HOME COMPLIANCE RECORD
FIRE SAFETY RULES FOR HOMES ORIGINALLY LICENSED OR PROPOSED AFTER MARCH 27, 1980
R 400.1602 - R 400.1613

License Number: SG1400014

Date of Onsite Visit 10/22/92

Michigan Department of Social Services

	IN COMPLIANCE		SEE ADDENDUM
	YES	NO	
R400.1602 Interior finishes and materials.	X		N
R400.1603 Interior finish of walls and ceilings; prohibited materials.	X		N
R400.1604 Smoke detection equipment.	X		N
R400.1605 Fire extinguishers.	X		N
R400.1606 Means of egress generally.	X		N
R400.1607 Means of egress; sleeping areas.	X		N
R400.1608 Means of egress; wheelchairs.	X		N
R400.1609 Heating equipment generally.	X		N
R400.1610 Flame-producing equipment; enclosures.	X		N
R400.1611 Electrical service.	X		N
R400.1612 Emergency preparedness; evacuation plan; emergency transportation.	X		N
R400.1613 Exemption from rules.	X		N

This home has been determined to be in substantial compliance with applicable rules.

I verify that the findings reported above for this organization are true to the best of my knowledge.

Consultant Date

Wally Vernon 10/29/92

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.

ADDENDUM TO COMPLIANCE RECORD

Michigan Department of Social Services
Bureau of Regulatory Services

Date: 10/29/92

Facility/Home Name: COUNTRY MANOR

License Number: SG1400014

OBSERVATIONS/COMMENTS

COMPLIANCE WITH THE ADMINISTRATIVE RULES PERTAINING TO QUALITY OF RESIDENT CARE WILL BE DETERMINED AT THE TIME THAT THE TEMPORARY LICENSE IS RENEWED BASED UPON CARE DELIVERED BY TH FACILITY.

This home has been determined to be in substantial compliance with applicable rules.

I verify that the findings reported above for this organization are true to the best of my knowledge.

Consultant Date

Wally Vevoar 10/29/92

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.

Woodlands
BEHAVIORAL HEALTHCARE NETWORK
CASS COUNTY MENTAL HEALTH AUTHORITY

960 M-60 EAST
CASSOPOLIS, MICHIGAN 49031
269-445-2451
1-800-323-0335
FAX 269-445-3216
www.woodlandsbhn.org

January 31, 2012

Kenneth Tindall
Licensing Consultant
322 E. Stockbridge Ave
Kalamazoo, MI 49001

RECEIVED
FEB 03 2012
BUREAU OF CHILDREN
AND ADULT LICENSING

Country Manor
23250 Hospital Rd
Cassopolis, MI

Dear Mr. Tindall:

Please be advised that the above property is owned by Cass County Mental Health Foundation and leased by Woodlands Behavioral Healthcare for the purpose of Adult Foster Care . The Licensee for the facility is L.A.D.D. Attached please find a copy of the lease between the Mental Health Foundation and Woodlands, as well as contract between Woodlands and L.A.D.D. Please note that Woodlands has given L.A.D.D. the right to occupy the home for the purpose of adult foster care residential services and has permission to be inspected by the department of human services.

Please feel free to contact me should you have nay questions regarding this arrangement.

Sincerely,

Kathy Emans
CEO

LEASE AGREEMENT
between
CASS COUNTY MENTAL HEALTH FOUNDATION BOARD
and
CASS COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
(d/b/a Woodlands Behavioral Healthcare Network)

This Lease Agreement ("Lease"), made and entered into by and between the Cass County Mental Health Foundation Board, Box 74, Cassopolis, Michigan 49031-0074 (hereinafter referred to as "Landlord") and Cass County Community Mental Health Authority, d/b/a Woodlands Behavioral Healthcare Network, a County Community Mental Health Agency created pursuant to Michigan's Mental Health Code, being Public Act 258 of 1974, whose address is 960 M-60 East, Cassopolis, Michigan 49031-0097 (hereinafter referred to as "Tenant").

Background

Landlord is the owner of certain property, commonly known as **Country Manor, 23250 Hospital Street, Cassopolis, Michigan 49031-9644.** Throughout this Lease, the property is referred to as the "Premises." The Tenant desires to conduct certain of its activities on the Premises. The parties further agree that this Lease shall void all previous agreements between the parties, including all previous leases, and that this Lease solely controls the rights and obligations between the parties.

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BUREAU OF CHILDREN AND ADULT LICENSING

Article I
Grant and Term

1.01 Leased Premises.

Landlord, in consideration of the rent to be paid and the covenants to be performed by Tenant, does hereby demise and Lease unto Tenant, and Tenant hereby rents from Landlord, the Premises, together with all buildings, improvements, fixtures, easements, and appurtenances now or hereafter placed thereon and belonging thereto.

1.02 Commencement and Ending Day of Term.

Except for the earlier termination hereto, the term of this Lease shall be for five (5) years, commencing on the **1st day of October, 2011 and ending on the 30th day of September, 2013.**

Article II
Rent

2.01 Rent.

Tenant shall pay a monthly rental rate of $899 during the term of this Lease. All such rent shall be payable in advance, on or before the first day of each calendar month. Tenant shall pay, upon taking possession of the Premises, the monthly rent then due for the next full month and an amount which shall be that portion of the monthly rent prorated from the date upon which it took possession of the Premises to the first day of the next month. All payments due under this Lease may be made by check or draft payable to the order of Landlord and mailed to the Landlord at the above address unless the Landlord shall otherwise advise Tenant in writing.

2.02 Charges.

This is a net-net-net lease as that term is used in commercial lease transactions in the State of Michigan. Unless expressly set forth herein, the Tenant shall pay, when due, all charges for fuel, water, gas, electricity, power, and all other utilities and services and all other charges whatsoever incurred by Tenant in the use, occupation, operation, or maintenance of the Premises.

2.03 Security Deposit.

Tenant agrees to pay Landlord as a security deposit, the sum of $0 upon execution of this Lease, which shall be used by Landlord to pay, on behalf of Tenant, any delinquencies of any obligations of Tenant under this Lease, and if Landlord uses any of the security deposit, the Tenant shall deposit the amount of the security deposit expended by Landlord so that the full security deposit is restored. Landlord shall have the right to commingle the security deposit with Landlord's other funds and shall return all or part of the security deposit, as the case may be, within thirty (30) days after termination of this Lease, or any renewal periods, net of any unpaid Tenant obligations under this Lease.

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AND ADULT LICENSING

Article III
Taxes

3.01 Real Estate Taxes.

Both the Landlord and the Tenant are tax free organizations and exempt from real estate taxes. However, until the Premises have been legally exempted from taxes, the Landlord shall pay all real estate taxes and special assessments on the Premises before they become delinquent. The Tenant shall reimburse the Landlord the amount of such taxes, as billed by the Landlord within thirty (30) days.

3.02 Personal Property Taxes.

Tenant shall pay any personal property taxes, if any, levied or assessed against personal property owned by the Tenant or the Tenant's employees, and located on the Premises; however, Tenant may, at its own expense, contest and dispute the same and, in such case, the disputed item need not be paid until finally adjudged to be valid.

Article IV
Insurance

4.01 Tenant's Insurance Responsibilities.

During the term of this Lease or any extension or renewal hereof, tenant shall keep insured, for the mutual benefit of Landlord and Tenant, the buildings, improvements, and building mechanical equipment on the Premises, against loss of rents, loss of damage by fire, vandalism, malicious mischief, and against such other risks of a similar or dissimilar nature, by extended coverage policies which are standard for use in the State of Michigan, in amounts not less than 100% of the actual replacement value of said buildings, improvements, and building equipment, and all increases in such premiums, for any reason whatsoever. The initial amount of insurance coverage shall be for not less than $169,000.

In addition, the Tenant shall provide, and keep in force for the benefit of the Landlord and the Tenant, a comprehensive general liability insurance policy with limits of not less than $1,000,000, which policy(ies) of insurance shall be with an insurer reasonably acceptable to Landlord.

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BUREAU OF CHILDREN AND ADULT LICENSING

Tenant's insurance policies shall provide for a thirty (30) day notice to the Landlord of cancellation. If the Tenant fails to procure, maintain, and/or pay for such insurance, the Landlord shall have the right, but not the obligation, to obtain such insurance on behalf of and at the expense of the Tenant, and Tenant shall reimburse the Landlord for such costs upon demand.

Tenant shall maintain, and pay for, insurance coverage to cover losses and damage to its personal property.

4.02 Waiver of Subrogation

Each party hereto does hereby remise, release, and discharge the other party hereto, and any officer, agent, employee, partner, or representative of such party, of and from any liability whatsoever hereafter arising from loss, damage, or injury caused by fire or other casualty for which insurance (permitting waiver of liability and containing a waiver of subrogation clause) is carried by the insured party at the time of such loss; damage, or injury to the extent of any recovery by the insured party under such insurance. Each party shall obtain policies with such waiver of subrogation.

Article V
Use of Premises

5.01 Use of Premises.

It is understood and agreed between the parties hereto that said Premises during the continuance of this Lease may be used and occupied only for purposes allowed by the applicable zoning ordinances and for no other purposes or purposes without the written consent of Landlord. Tenant shall promptly comply with all laws, ordinances, and lawful orders and regulations affecting the Premises hereby leased, and the cleanliness, safety, occupation, and use of same.

5.02 Care of Premises.

Tenant shall not perform any acts or carry on any practices which may injure the Premises. Tenant shall keep the Premises clean and free from trash and rubbish at all times.

Article VI
Maintenance of Premises

6.01 Obligations for Maintenance.

Tenant shall keep the Premises in good condition and repair and surrender to the Landlord the physical possession of the Premises upon termination of this Lease in good condition and repair, reasonable wear, tear, and use excepted. Tenant shall maintain the Premises in good repair and make all necessary repairs and replacements to the entire exterior and interior of the Premises, including, but not limited to, all buildings, including, but not limited to, electrical, mechanical, heating, and plumbing equipment, septic system, well, drain pipe to sewer connection, structural and nonstructural repairs, any roof and glass areas, parking areas, grounds, landscaping, and sidewalk areas, except as hereinafter provided. Unless expressly set forth herein, Landlord shall have no obligation or cost to maintain or repair any part of the Premises or provide janitorial service.

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FEB 03 2012
MONTANA DEPT OF CHILDREN AND FAMILY LICENSING

Tenant shall, throughout the term of this Lease, promptly comply or cause compliance with all laws and ordinances and the orders, rules, regulations, and requirements of all federal, state, county, and municipal governments, and appropriate departments, commissions, boards, and officers thereof which may be applicable to the Premises including, but not limited to, the fixtures, plate glass, and equipment therein, and the landscaping, sidewalks, and curbs, if any, adjoining the Premises, whether or not the same shall presently be within the contemplation of the parties hereto or shall involve any change of governmental policy, and whether or not the same requires structural or nonstructural, ordinary or extraordinary, interior or exterior, foreseen or unforeseen repairs, alterations, or additions, and irrespective of the costs thereof.

Tenant shall have the right to contest by appropriate legal proceedings before any tribunal having jurisdiction, whether judicial or administrative, the validity of any law, ordinance, order, rule, regulation, or requirement of the nature herein provided.

Notwithstanding anything in the Lease to the contrary, if Tenant fails to maintain, repair, and replace the Premises, at its sole cost and expense, in a timely manner, then Landlord shall have the right to come onto the Premises and make all necessary maintenance and repairs, and all costs incurred by Landlord shall be payable by Tenant upon demand.

Article VII
Alterations

7.01 Alterations.

Tenant shall not structurally alter or otherwise alter or improve or remodel the Premises without the written consent of Landlord, which shall not be unreasonably withheld, delayed, or conditioned. Any alterations, additions, improvements, and fixtures (collectively "Alterations") (other than movable trade fixtures and personal property), which are installed by either of the parties hereto upon the Premises, which in any manner are attached to the floors, walls, or ceilings, shall be the property of Landlord and, at the termination of this Lease, shall remain upon and be surrendered with the Premises as a part thereof, without disturbance, molestation, or injury.

If however, upon the termination of this Lease, whether by default or otherwise, the Landlord sends written notice to Tenant that Tenant shall remove such Alterations, then Tenant shall, within ten (10) days after such written notice is sent to Tenant, remove any Alterations placed in the Premises by Tenant, and repair any damage occasioned by such removal at Tenant's expense, so that the Premises are returned in the condition in which it existed at the time the Lease was executed, reasonable wear and tear excepted.

Notwithstanding anything stated herein, Landlord shall have the right to remove such Alterations, and Tenant shall pay Landlord the cost thereof, including, but not limited to, the cost of storage of the Alterations, with interest at the rate of seven (7%) percent per annum from the date of payment of any such costs by Landlord. Any floor covering which may be cemented or otherwise affixed to the floor of the Premises shall be and become the property of the Landlord.

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Article VIII
Indemnity

8.01 Covenant to Hold Harmless.

Tenant covenants and agrees that it will defend, indemnify, and hold Landlord harmless from any claims or liability for injury to persons or property suffered by anyone upon the Premises during the term of this Lease; provided, however, that said

indemnification responsibility shall not be effective if Landlord is in whole or in part responsible for such damages or liability. It is understood and agreed that all property kept, stored, or maintained in the Premises shall be so kept, stored, or maintained at the risk of Tenant only. Tenant shall not allow or give cause for the filing of any lien against the herein Premises.

Article IX
Damage or Destruction

9.01 Damage or Destruction.

If, during the lease term, the buildings or improvements on, in, or appurtenant to the Premises at the commencement of the term or thereafter erected thereon shall be destroyed or damaged in whole or in part by fire or other cause, Landlord shall give Tenant immediately notice thereof, and Tenant, at its own cost and expense, shall promptly repair, replace, and rebuild the same, at least to the extent of the value and as nearly as possible to the character of the buildings and improvements existing immediately prior to such occurrence, using contractors which are reasonably acceptable to Landlord. Landlord shall have no obligation to repair, replace, or rebuild any such buildings , improvements, or equipment, nor to pay any of the costs or expenses thereof beyond or in excess of the insurance proceeds as herein provided. All insurance proceeds received by Landlord on account of such damage or destruction, less the actual costs, fees, and expenses, if any, incurred in connection with the adjustment of the loss, shall be applied by Landlord to pay or reimburse Tenant for the payment of the cost of the aforesaid restoration, repairs, replacement, rebuilding, or alterations, including the cost of temporary repairs or for the protection of property pending the completion of permanent restoration, repairs, replacements, rebuilding, or alterations (all of the temporary or permanent restoration, repairs, replacements, rebuilding, or alterations necessary to complete reconstruction of the Premises shall be collectively referred to as the "restoration") and shall be paid out from time to time as such restoration progresses upon the written request of Tenant, which shall be accompanied by verification of amounts expended by Tenant or justly due to any contractor or other persons who have rendered services or furnished materials for the restoration.

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If Tenant fails to complete full restoration of the Premises within one hundred eighty (180) days after the damage or destruction, then Landlord shall have the right to take any remaining insurance payments or proceeds and use them for complete restoration of the Premises. If, for any reason, the insurance proceeds are insufficient to complete restoration of the Premises, then the Tenant shall be responsible to pay for the same, using those contractors which are reasonably acceptable to the Landlord; provided, however, that if Tenant fails to reasonably complete restoration of the Premises, that Landlord shall have the right to do so, and all costs incurred by Landlord in the restoration process shall be payable by Tenant upon demand.

There shall be no abatement of rent during the period of restoration, unless Tenant cannot reasonably use the Premises during restoration, as reasonably determined by

Tenant. If Tenant cannot reasonably use the Premises, the rent shall be reduced by an equitable amount based on the square footage of the Premises lost to Tenant. Restoration shall commence as soon as any insurance payments shall have been received and necessary permits shall have been obtained. Tenant shall be responsible to undertake all necessary action to render the Premises safe and secure immediately after any damage shall occur and to demolish damaged and dangerous structures and remove debris.

Article X
Assignment and Subletting

10.01 Assignment and Subletting.

Tenant agrees not to assign or in any manner transfer this Lease or any estate or interest therein without the previous written consent of Landlord, and not to sublet said Premises or any part or parts thereof without the Landlord's written consent. Consent by Landlord to one or more assignments of this Lease or to one or more subletting of said Premises, shall not operate to bar or exhaust Landlord's rights under this Article. Notwithstanding the foregoing, Tenant shall be entitled, without the consent of Landlord, to assign its interest in this Lease to the governing body of Cass County or any agency or affiliate thereof.

Article XI
Eminent Domain

11.01 Condemnation.

If any of the Premises shall be taken under eminent domain, Tenant shall have the right to terminate this Lease (in which all obligations of the parties shall terminate), or to continue in possession of the remainder of the Premises, and pay all rent and other charges related to use and possession of the Premises. Tenant shall notify Landlord of its intention in writing within thirty (30) days after such taking or Tenant shall be deemed to have waived the right to terminate this Lease.

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11.02 Landlord's and Tenant's Damages.

All damages awarded for such taking under the power of eminent domain, whether for the whole or a part of the Premises, shall belong to and be the property of Landlord, whether such damages shall be awarded as compensation for diminution in value to the Leasehold or to the fee of the Premises. If Tenant does not terminate the Lease, Landlord shall complete restoration of the Premises with all deliberate speed, to the extent of condemnation proceeds only, and if restoration is not reasonably possible with the condemnation proceedings, or if Landlord fails to complete restoration within one hundred twenty (120) days after the casualty, then Tenant shall have the right, but not the obligation, to terminate this Lease and the parties shall discharge their obligations to the date of termination.

Article XII
Bankruptcy or Insolvency

12.01 Tenant's Interest Not Transferable.

Neither this Lease, nor any interest therein, nor any estate thereby created shall pass to any trustee or receiver or assignee for the benefit of creditors or otherwise by operation of law.

12.02 Landlord's Option to Terminate.

In the event the estate created hereby shall be taken in execution or by other process of law, or if Tenant shall be adjudicated insolvent or bankrupt pursuant to the provisions of any state or federal insolvency or bankruptcy act, or if a receiver or trustee of the property of Tenant shall be appointed by reason of Tenant's insolvency or inability to pay its debts, or if any assignment shall be made of Tenant's property for the benefit of creditors, or if Tenant shall be dissolved or otherwise discontinued as a County Community Mental Health Agency, then and in any of such events, Landlord may, at its option, terminate this Lease and all rights of the Tenant hereunder, by giving to Tenant notice in writing of the election of Landlord to so terminate.

Article XIII
Default or Loss of Michigan Department of Community Health Contract

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13.01 Default.

In the event of any failure of Tenant to pay any rental due hereunder within ten (10) days after the same shall be due, or any failure to perform any other of the terms, conditions, or covenants of this Lease to be observed or performed by Tenant for more than thirty (30) days after written notice of such default shall have been mailed to Tenant, or if Tenant shall become bankruptcy or insolvent, or file any debtor proceedings, or take or have taken against Tenant in any Court pursuant to any statute either of the United States or any State a petition of bankruptcy or insolvency, or for reorganization, or for the appointment of a receiver or trustee of all or a portion of Tenant's property, or petitions for or enter into an arrangement, or if Tenant shall abandon the Premises, or suffer this Lease to be taken under any writ of execution, the Landlord shall be entitled to any legal or equitable remedies available under Michigan law.

13.02 Loss of MDCH Contract.

In the event the Tenant loses its "Master Contract" with the Michigan Department of Community Health ("MDCH") and is unable to secure another reasonably comparable contract as a "provider," the Landlord shall release the Tenant from this Lease.

Article XIV
Quiet Enjoyment

14.01 Landlord's Covenant.

Upon payment by the Tenant of the rents herein provided, and upon the observance and performance of all the covenants, terms, and conditions on Tenant's part to be observed and performed, Tenant shall peaceably and quietly hold and enjoy the Premises for the term hereby demised without hindrance or interruption by Landlord or any other person or persons lawfully or equitably claiming by, through, or under the Landlord, subject, however, to the terms and conditions of this Lease.

Article XV
Holding Over and Successors

15.01 Holding Over.

Should the Tenant hold over and remain in possession of the Premises after the expiration of this Lease without the Landlord's consent, it shall not be deemed or construed to be a renewal or extension of this Lease, but shall only operate to create a month-to-month tenancy which may be terminated by the Landlord at the end of any month upon thirty (30) days prior written notice to the Tenant.

15.02 Successors.

All rights and liabilities herein given to, or imposed upon, the respective parties hereto shall extend to and bind the several respective heirs, executors, administrators, successors, and assigns of the said parties; and if there shall be more than one tenant, they shall all be bound jointly and severally by the terms, covenants, and agreements herein. No rights, however, shall inure to the benefit of any assignee of Tenant unless the assignment to such assignee has been approved by Landlord in writing as provided elsewhere herein.

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Article XVI
Miscellaneous

16.01 Waiver.

One or more waivers of any covenant or condition by Landlord shall not be construed as a waiver of a subsequent breach of the same covenant or condition, and the consent or approval by Landlord to or of any act by Tenant requiring Landlord's consent or approval shall not be deemed to waive or render unnecessary Landlord's consent or approval to or of any subsequent similar act by Tenant.

16.02 Notices.

Whenever under this Lease a provision is made for notice of any kind, it shall be deemed sufficient notice and service thereof if such notice to Tenant is in writing, addressed to Tenant at the last known post office address of Tenant, or at the Premises, and sent by certified mail with postage prepaid. Notice shall be deemed effective when mailed.

16.03 Construction.

Nothing contained herein shall be deemed or construed by the parties hereto, nor by any third party, as creating the relationship of principal and agent or of partnership or of joint venture between the parties hereto, it being understood and agreed that neither the method of computation of rent, nor any other provision contained herein, nor any acts of the parties herein, shall be deemed to create any relationship between the parties hereto other than the relationship of Landlord and Tenant.

16.04 Accord and Satisfaction.

No payment by Tenant or receipt by Landlord of a lesser amount than the monthly rent herein stipulated shall be deemed to be other than on account of the earliest stipulated rent, nor shall any endorsement or statement on any check or any letter accompanying any check or payment as rent be deemed an accord and satisfaction, and Landlord may accept such check or payment without prejudice to Landlord's right to recover the balance of such rent or pursue any other remedy in this Lease provided.

16.05 Liens.

In the event a mechanic's lien shall be filed against the demised Premises or Tenant's interest therein as the result of the work undertaken by Tenant to ready the demised Premises for the Tenant's business, or as a result of any repairs or alterations made by Tenant, Tenant shall, within ten (10) days after receiving notice of such lien, discharge such lien either by payment of the indebtedness due the mechanic's lien claimant or by filing a bond (as provided by statute) as security therefor. In the event Tenant shall fail to discharge this lien by filing the bond, the Tenant shall pay the cost of such bond to Landlord as additional rent upon the first day that rent shall be due thereafter.

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16.06 Captions and Section Numbers.

The captions, section numbers, and article numbers appearing in this Lease are inserted only as a matter of convenience and in no way define, limit, construe, or describe the scope or intent of such sections or articles of this Lease, nor in nay way affect this Lease.

16.07 Partial Invalidity.

If any term, covenant, or condition of this Lease or the application thereof to any person or circumstances shall, to any extent, be invalid or unenforceable, the remainder of this Lease, or the application of such term, covenant, or condition to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby, and such term, covenant, or condition of this Lease shall be valid and be enforced to the fullest extent permitted by law.

16.08 Signs.

Tenant shall have the right to place signs identifying or relating to its use of the Premises. All such signs shall comply with applicable laws and ordinances, and be approved in writing in advance by the Landlord, who shall have the sole discretion whether to approve Tenant's signage.

16.09 Right to Mortgage.

Landlord reserves the right to subject and subordinate this Lease at all times to the lien of any mortgage or mortgages hereafter placed upon Landlord's interest in the Premises. Tenant covenants and agrees to execute and deliver, upon demand, such further instrument or instruments subordinating this Lease to the lien of any such mortgages or proposed mortgagees; provided, however, that any subordination of the Lease to any mortgage hereafter replaced upon the Premises shall be upon the expressed condition that this Lease and all of the rights of Tenant hereunder shall be expressly recognized by the mortgagee or mortgagees, and that the rights of Tenant under this Lease shall remain in full force and effect during the entire term hereof, notwithstanding any defaults in the payment or payments of such mortgage and notwithstanding if any foreclosure proceedings are taken with respect to any such mortgage, so long as Tenant is not in default under the terms of this Lease.

16.10 Access to Premises.

Landlord shall have the right to enter upon the Premises at all reasonable hours for the purpose of inspecting the same. If Landlord deems any repairs necessary, it may demand the Tenant make the same, and if Tenant refuses or neglects forthwith to commence such repairs and complete the same with reasonable dispatch, Landlord may make or cause such repairs to be made and shall not be responsible to Tenant for any loss or damage that may accrue to Tenant's business by reason thereof. If Landlord makes or causes such repairs to be made, Tenant will forthwith, upon demand, pay to Landlord the cost thereof as additional rent.

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16.11 Waiver of Jury Trial.

The Landlord and the Tenant, to the fullest extent that they may lawfully do so, hereby waive trial by jury in any action or proceeding, including, but not limited to, any

Court Action brought by any party to this Lease with respect to this Lease, the Premises, or any other matter related to this Lease or the Premises.

16.12 Rules and Regulations:

Landlord reserves the right from time to time to promulgate reasonable rules and regulations applicable to the Premises. Compliance by Tenant with all such rules and regulations shall be mandatory and survive execution of this Lease, and Tenant's failure to do the same shall be deemed a material breach of this Lease, which shall avail Landlord of all rights and remedies under this Lease and Michigan Law.

16.13 Entire Agreement:

This Agreement constitutes the entire agreement between the parties with respect to the matters set for the herein, and there are no representations, warranties, covenants, or obligations except as set for the herein. This Agreement supersedes all prior and contemporaneous agreements, understandings, negotiations, statements, and discussions, written or oral, or the parties hereto, relating to the matters contemplated by this Agreement.

16.14. Benefit of Agreement:

The terms of this Agreement shall be binding upon and inure to the benefit of the assigns, heirs, agents, and representatives of the parties hereto.

16.15. Amendments:

The terms of this Agreement may be amended or modified, provided such amendments or modifications are made in writing and signed by both parties.

16.16 Facsimile:

The parties agree that this Agreement may be executed by facsimile or in counterparts, and that all counterparts together, with or without facsimile signatures, shall constitute one integrated agreement and be deemed an original document.

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Landlord:

Cass County Mental Health Foundation Board

By: _____

Date: 9/6/11

Tenant:

Cass County Community Mental Health Authority, dba Woodlands Behavioral Healthcare Network

By: _____

Date: 9/27/11