

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



April 26, 2004

Rochelle Molyneaux Resident Advancement Inc P.O. Box 555 Fenton, MI 48430

RE: Application #: AS250264516

Spring Meadows 803 E. Rolston Linden, MI 48451

Dear Ms. Molyneaux:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable corrective action plan covering the violations covered in this 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,

Barbara Williams, Licensing Consultant Office of Children and Adult Licensing 7109 W. Saginaw P.O. Box 30650 Lansing, MI 48909 (517) 241-5131

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250264516

Applicant Name: Resident Advancement Inc

Applicant Address: 411 S Leroy

Fenton, MI 48430

Applicant Telephone #: (810) 750-0382

Administrator/Licensee Designee: Rochelle Molyneaux, Designee

Name of Facility: Spring Meadows

Facility Address: 803 E. Rolston

Linden, MI 48451

Facility Telephone #: (810) 750-0382

02/05/2004

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

| 02/05/2004 | Enrollment |
|------------|--|
| 03/25/2004 | Inspection Completed On-site |
| 03/25/2004 | Inspection Completed-BFS Sub. Compliance |
| 03/31/2004 | Confirming Letter sent |
| 04/14/2004 | Corrective Action Plan Received |
| 04/14/2004 | Corrective Action Plan Approved |
| 04/20/2004 | Inspection Completed-BFS Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level ranch style building with a kitchen, dining area, two living areas, office space, three double occupancy resident bedrooms, two full bathrooms, two car attached garage, patio, laundry room, and mechanical room housed in the garage.

The resident bedroom measurements are as follows:

Northeast bedroom 161 square feet (2) residents

Northwest bedroom 161 square feet (2) residents

Southwest bedroom 161 square feet (2) residents

The facility has ample living area space for the six residents who will occupy the facility.

The facility is located in a subdivision of Linden, Michigan.

Because the facility is licensed for up to six people zoning approval is not required.

The facility was inspected by this consultant on 3/25/04 and 4/20/04 and is determined to be in compliance with all applicable rules and regulations which govern adult foster care licensing.

1. Administrative Structure

Resident Advancement, Inc. is the licensee for this facility. Resident Advancement, Inc. has thirteen other licensed adult foster care facilities. Resident Advancement,

Inc. has named Rochelle Molyneaux as the licensee designee. Ms. Molyneaux has designated Denise Harding as the administrator.

Resident Advancement, Inc. has a contract/lease agreement with Genesee County Community Mental Health for the building.

Based on financial information provided the facility is financially stable and capable of providing adult foster care.

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

2. Qualifications and Competencies

Based on the licensing record clearance, medical information, education and experience documentation provided both Ms. Molyneaux and Ms. Harding meet the qualifications for a licensee designee and administrator respectively.

B. Program Description

The facility will provide supervision and personal care to six developmentally disabled men and women. The facility will assure the availability of transportation. The facility will provide recreational and social activities in the home and outside the home. Such activities will include cookouts, music, art and craft projects, gardening, games, television viewing, church attendance, shopping, eating out at restaurants, and attending fairs, carnivals, festivals and the circus.

C. Rule/Statutory Violations

This facility is in substantial compliance with all applicable rules and regulations for adult care small group homes (12 or less).

IV. RECOMMENDATION

| I recommend issuance of a te (capacity 1-6). | emporary license to this AFC adult small group h | iome |
|---|--|------|
| Barbara Williams Licensing Consultant | Date | |
| Approved By: | | |
| Kathleen S. Nixon Area Manager | Date | |