



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

November 1, 2004

Tracie Hernandez
Cornerstone I, Inc.
P.O. Box 277
Bloomington, MI 49026

RE: Application #: AM800267076
Cornerstone Adult Foster Care
59858 W M-43
Bangor, MI 49013

Dear Ms Hernandez:

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 12 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) 241-0978

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AM800267076

Applicant Name: Cornerstone I, Inc.

Applicant Address: 98 45th St
Bloomingtondale, MI 49026

Applicant Telephone #: (269) 521-4130

Administrator/Licensee Designee: Tracie Hernandez, Designee

Name of Facility: Cornerstone Adult Foster Care

Facility Address: 59858 W M-43
Bangor, MI 49013

Facility Telephone #: (269) 427-2222

Application Date: 05/07/2004

Capacity: 10

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/07/2004	Enrollment
05/18/2004	Inspection Report Requested - Health
05/18/2004	Inspection Report Requested - Fire
06/30/2004	Inspection Completed-Environmental. Health : A
09/23/2004	Inspection Completed On-site
10/28/2004	Inspection Completed-Fire Safety : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level building with a living room, kitchen, dining area, eight single and one double occupancy resident bedrooms, one full bathroom, a shower room, one half bathroom, an office, laundry room, and a basement where the heat plant is located.

The bedroom measurements are as follows:

Northeast bedroom	82 square feet
Southeast bedroom	76 square feet
Southwest bedroom	85 Square feet
Southwest bedroom	84 square feet
Southwest bedroom	84 square feet
Northwest bedroom	84 square feet
Northwest bedroom	179 square feet
Northwest bedroom	72 square feet

There is ample living area space in the living room and dining room.

B. Program Description

1. The facility will accept men and women who are Mentally Ill, Developmentally Disabled, Physically Handicapped, and Traumatic Brain Injured. The facility will accept people who require the use of wheelchairs.
2. The facility will provide personal care, protection, room and board, and twenty-four hour supervision. The facility will assure the availability of transportation. The facility will specialize in adults with behavior issues and contract with several mental health agencies.
3. The licensee is Cornerstone I, Inc. Traci Hernandez has been appointed as the licensee designee and the administrator for the facility. Ms. Hernandez meets the qualifications for an administrator based on her training documentation reviewed, the Licensing Medical Clearance and the Licensing Record Clearance. Ms. Hernandez is the licensee designee for other adult foster care group homes. Ms. Hernandez is aware of the staffing requirements for direct care workers.
4. The required facility and resident records were reviewed with Ms. Hernandez and she indicated she understands record keeping requirements.
4. Based on the financial information provided the facility is financially capable of providing adult foster care.
5. The Bangor Township issued a statement indicating a special use permit was not necessary for this facility as the Bangor Township is not currently a zoned community.
6. The Office Of Fire Safety gave a full approval for this facility on 10/28/2004.
7. The Environmental Health Report from the Van Buren County Public Health Department indicated a full approval for this facility on 6/30/2004.
8. Based on information provided, Ms. Hernandez has a lease agreement for this facility with Paul and Hena Mondol, owners of the property.

C. Rule/Statutory Violations

The home is in compliance with applicable rules governing small group homes for (1-12) residents.

