



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

November 8, 2004

Robert McLuckie
Alternative Services Inc
Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

RE: Application #: AS440265050
Lake Nepessing
1430 Lake Nepessing
Lapeer, MI 48446

Dear Mr. McLuckie:

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 4 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 (586) 412-6802.

Sincerely,

Carol Trombley, Licensing Consultant
Office of Children and Adult Licensing
Suite 301
16000 Hall Road
Clinton Township, MI 48038
(586) 412-6836

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

I. IDENTIFYING INFORMATION

License #: AS440265050

Applicant Name: Alternative Services Inc

Applicant Address: Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

Applicant Telephone #: (248) 471-5230

Administrator/Licensee Designee: Robert McLuckie, Designee

Name of Facility: Lake Nepessing

Facility Address: 1430 Lake Nepessing
Lapeer, MI 48446

Facility Telephone #: (810) 667-3010
03/03/2004

Application Date:

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/03/2004	Enrollment
03/04/2004	Inspection Report Requested - Health
03/24/2004	Inspection Completed-Env. Health : A
04/16/2004	Inspection Completed On-site Preliminary Inspection was conducted.
08/31/2004	Application Received Original
10/26/2004	Inspection Completed On-site A final inspection was conducted.
10/26/2004	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Lake Nepessing facility is located in Lapeer County in a country setting. There are homes on both sides of this facility. It is a ranch style building. There are four bedrooms, kitchen, dinette, front room, living room, two bathrooms, laundry room, a basement, and an attached garage.

Water and sewage systems are private.

The following Bedroom dimensions are according to R 400.14409 (3):

<u>Bedroom</u>	<u>Square Footage</u>	<u>Capacity</u>
Northeast	167	2
Northwest	171	2
Southeast	166	2
Southwest	169	2

The facility will be licensed for four (4) residents. Even though the capacity for the bedrooms equals eight, there can only be four residents living in the facility. There is one resident in each of the four bedrooms.

According to R 400.14405 (1), the following rooms were measured for square feet of indoor living space:

<u>Living Space</u>	<u>Square Footage</u>
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Living Room	265
Front Room	110
Dinette	199

The above measurements for the bedrooms and for the indoor living space are sufficient for the proposed capacity of four residents.

B. Program Description

Alternative services, Inc. submitted the licensing application on 03-03-04 and then an amended one on 8-31-04. This corporation is operating the facility previously operated by Renova, Inc. The application states that they will accept male and female adults, ambulatory only, 18 years and older developmentally disabled. The proposed capacity is for four residents.

The following documents were submitted to licensing: Licensee Designee appointed to act on behalf of the corporation in writing, documents of articles of incorporation, certificate of incorporation and bylaws. Personnel policies and job descriptions are also on file.

Mr. Rober McLuckie is the licensee designee authorized to conduct business and make decisions on behalf of the corporation. The appointed home administrator for the corporation is Ms. Rhonda Minzey. Mr. McLuckie and Ms. Minzey provided the documents to qualify as the licensee designee and administrator with residents who are developmentally disabled, respectively. Ms. Minzey and Mr. McLuckie also provided evidence that they are in good mental and physical health via medical clearances. Their TB test results were negative. Both Ms. Minzey and Mr. McLuckie had criminal history checks completed confirming good moral character. Ms. Minzey provided evidence of high school graduation and verification of training materials in compliance with Rule 400.14204 (3) and (6).

The program statement refers to the Lake Nepessing Home as a licensed small group home providing a developmentally disabled male or female adults program. The consumers in the home must be referred for placement by the contracting agency. The program in the home provides for basic self-care and habilitation training. A team of professionals including social workers, psychologists, medical staff and group home staff will assess each consumer in the home. As a result of this assessment, an individual plan of service is prepared for the consumer. This program plan will define the areas of basic self-care, social education, personal adjustment, day programs and behavior management programs that are necessary to meet the consumers' immediate needs so that they can become as independent and self-sufficient as possible. These plans will be reviewed regularly and revised when necessary to meet the consumers' changing needs.

Social education is also a portion of the program at the Lake Nepessing Home. Consumers will attend work activity programs or sheltered workshops. Personal adjustment services will be provided to those consumers who need them. Behavior management programs will also be available for those who require such programs to meet their immediate needs. Transportation will be provided by the group home. Community-based doctors, dentists, and hospitals will be utilized to meet the health care needs of the consumers. The group home staff will work closely with the contracting agency.

During the final inspection, the corporate representative, Ms. Musgrove and the home manager were present. The following facility records were in the facility: program statement, admission and discharge policies, house rules, floor plan with measurements, standard and daily routine, specialized services contract with Lapeer County Community Mental Health, grievance procedure, emergency service repair call list, written procedure for fire, medical and severe weather, medication procedures, proposed staffing pattern, refund policy, designated person in the absence of the administrator, Ms. Minzey.

At final inspection, administrative rule requirements relating to required resident files were discussed. Identifying information, health care appraisals, medication logs, health care chronologicals, resident care agreements, assessment plans, weight records, incident reports, resident funds and resident grievances were explained. Prior to the expiration date of the temporary license, an on-site inspection will be made to determine the facility's level of compliance in the areas of resident records.

Resident rights, and incident and accident reports were explained.

Medication procedures were reviewed and it was noted that all medications would be kept in the original containers in a locked cabinet. Medications will be separated according to internal and external use. Only trained staff will be permitted to dispense medications. All medication errors will be reported to the resident's physician and recorded in each resident's health care chronological.

Resident nutrition as well as menus were discussed. Menus shall be written as least one week in advance and posted. Records of menus shall be kept by the licensee for one calendar year.

Fire drills were discussed in length.

The administrative rule requirements for employee files were discussed.

The consultant checklists that are used at inspections were given to Ms. Musgrove and the home manager. Model files for the facility, resident and employee requirements were explained and given. An initial supply of forms were given.

C. Rule/Statutory Violations

At the final inspection, there were no rule violations.

IV. RECOMMENDATION

I recommend that a temporary license be issued for six months to Alternative Services, Inc. to operate the facility, Lake Nepessing, located at 1430 Lake Nepessing, Lapeer, Mi., 48446, license # AS440265050 for four developmentally disabled adults.

<hr/> Carol Trombley Licensing Consultant	Date
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Approved By:

<hr/> Candyce Crompton Area Manager	Date
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