



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

December 21, 2004

Ira Combs, Jr
Christ Centered Homes, Inc.
327 West Monroe St
Jackson, MI 49202

RE: Application #: AS460271246
Tipton Highway Home
2721 Tipton Hwy.
Adrian, MI 49221

Dear Rev. Combs, Jr:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 780-7159.

Sincerely,

Dennis R Kaufman, Licensing Consultant
Office of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7907

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS460271246

Applicant Name: Christ Centered Homes, Inc.

Applicant Address: 327 West Monroe St
Jackson, MI 49202

Applicant Telephone #: (517) 788-9231

Administrator/Licensee Designee: Ira Combs, Jr, Designee

Name of Facility: Tipton Highway Home

Facility Address: 2721 Tipton Hwy.
Adrian, MI 49221

Facility Telephone #: (517) 253-2567

Application Date: 10/27/2004

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/27/2004	Enrollment
10/28/2004	Application Incomplete Letter Sent
11/04/2004	Lic. Unit file referred for criminal history review
11/04/2004	Inspection Completed On-site
11/05/2004	Contact - Face to Face Consultant returned corporate information to facility.
11/18/2004	Inspection Report Requested - Health
11/18/2004	File Transferred To Field Office Jackson
11/18/2004	Application Complete – Onsite needed
11/23/2004	Inspection Completed On-site Reviewed resident files and employee files.
11/29/2004	Public Health inspection approved.
12/14/2004	Inspection Completed – BFS Full Compliance

This investigation included a review of the application forms and supporting documents including the admission, discharge, and refund policies, corporate documents, program statement, personnel policies and procedures, job descriptions, employee records, organization chart, routine and emergency numbers, written emergency plan and emergency repair numbers, processed licensing record and medical clearances, applicant financial reports, and on-site licensing inspections.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

This facility is currently licensed as a small group home and has met all environmental health requirements.

This facility is located in a rural area just north of the city of Adrian. The facility is a newer one-story ranch house situated among homes of comparable value. The yard is well maintained and landscaped. The facility has four resident bedrooms, a living room, family room, dining area, kitchen, laundry, 2 bathrooms and staff office. The mechanical room is located inside the attached two car garage. The furnace and hot

water heater are gas fired and are located in the mechanical room. There is no basement: the home is on a cement slab.

The Lenawee Community Mental Health Authority leases the facility. The landlord provided documentation to the consultant verifying knowledge and approval to continue the home as a licensed adult foster care facility. Christ Centered Homes has a fee for service contract for specialized residential services with Lenawee Community Mental Health Authority.

The bedrooms and living areas measure as follows:

Bedroom #1 – 15' 4 7/8" x 10' 9 1/2" = 165 square feet
Bedroom #2 -- " " = 165 square feet
Bedroom #3 – 14' 10" x 10' 10" = 160 square feet
Bedroom #4 -- " " = 160 square feet

Living Room – 15' 10" x 12' 4" = 195 square feet
Family room - 23' 7" x 12' 10" = 302 square feet

The home was observed to be very clean and well maintained.

2. Sanitation:

The home utilizes a municipal sewage disposal system. The home has a private well and the water was approved by the Lenawee County Public Health Department on 11/29/04. Garbage will be removed from the facility on a weekly basis from a commercial provider.

3. Fire Safety:

A hardwire smoke detection system is used and has been examined and approved by a commercial firm. Fire extinguishers are located in several areas of the facility. Evacuation plans are posted.

B. Program Description

1. Administrative Structure & Capability:

The applicant is a non-profit corporation and has thirteen licensed foster care homes located in Lenawee, Jackson, Hillsdale, Calhoun, and Wayne County. All corporate documentation is on file and approved.

2. Qualifications and Competencies:

Rev. Ira Combs, Jr. is the Executive Director for the corporation and is the designated licensee designee and administrator. Rev. Comb's qualifications and competencies to run adult foster care facilities are well documented.

3. Program Information:

The program statement for the facility states that the facility will provide a range of services to developmentally disabled adults including exercise, activity of daily living, recreation, leisure skill development, transportation, and crisis intervention as required. There will be an involvement of an interdisciplinary team in the development of each resident's in-home service plan. Professional services provided by contract through Lenawee Community Mental Health Authority include occupational therapy, registered nurse, psychology, speech/language therapy, case management, and adult day activity.

Resident medications will be stored in a locked closet in the kitchen.

Emergency medical services will be provided by local hospitals and ambulance services.

4. Facility and Employee Records:

The applicant has submitted copies of personnel policies, job descriptions, and standard procedures. The applicant provided a staffing schedule that demonstrates that there will be three shifts per day.

Emergency plans for medical, fire, facility repairs, and severe weather have been submitted, reviewed, and found acceptable.

Resident records were reviewed and found acceptable. Resident records will be retained at the facility.

The "good moral character" of each employee is assessed pursuant to the individual employee's response to certain questions pertaining to a conviction or arrest history as contained on the signed employee application. The applicant conducts the required clearances through the Michigan State Police.

The applicant is aware of the administrative rules regarding the licensee's handling of resident funds and will comply with those requirements.

5. Resident Rights:

The facility has a resident rights policy and will supply this information to individuals being referred for admission.

6. Conclusion:

Compliance with the physical plant rules has been determined. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

It is recommended that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to six adults.

Dennis R Kaufman Date
Licensing Consultant

Approved By:

Betsy Montgomery Date
Area Manager