



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

January 3, 2005

Rebecca Forbes
130 45th Street
Bloomington, MI 49026

RE: Application #: AS030265913
Blue Moon House
4355 105th Avenue
Allegan, MI 49010

Dear Ms Forbes:

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 (269) 337-5066.

Sincerely,

Donna Konopka, Licensing Consultant
Office of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5241

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS030265913
Applicant Name:	Rebecca Forbes
Applicant Address:	130 45th Street Bloomingtondale, MI 49026
Applicant Telephone #:	(269) 521-4500
Administrator/Licensee Designee:	Charles B. (Ben) Kelly
Name of Facility:	Blue Moon House
Facility Address:	4355 105th Avenue Allegan, MI 49010
Facility Telephone #:	(269) 521-4500
Application Date:	02/06/2004
Capacity:	4
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

02/06/2004	Enrollment
04/05/2004	Lic. Unit file referred for criminal history review Charles Kelly - self-confessed crime.
04/22/2004	Inspection Report Requested - Health
06/14/2004	Inspection Completed-Env. Health : A
06/14/2004	Inspection Completed On-site Initial on-site inspection completed
08/27/2004	Inspection Completed On-site Final inspection completed - applicant still needs to complete and submit paperwork
11/30/2004	Comment Letter sent requesting update on status of the application
12/09/2004	Contact - Telephone call received Applicant called to report they have had some set backs, but will still be pursuing the license for this home
12/28/2004	Inspection Completed On-site follow inspection conducted
12/29/2004	Comment Applicant submitted name change request, prior to issuance of license. Name changed from Harmony House to Blue Moon House
12/29/2004	Contact - Document Received Applicant emailed pictures verifying completion of door enclosure
01/03/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story manufactured home, with no basement, located in a rural setting at 4355 105th Ave., Allegan, MI. There are 3 resident bedrooms, two are for single occupancy and the third bedroom is for 2 residents. Each bedroom provides the required amount of usable floor space, and the measurements are on file. One full

bathroom is contained within the 2-person bedroom and another full bathroom is located in the hallway between the 2 single person bedrooms. The facility provides over 281 square feet of living space for the residents. There is a large kitchen and dining area for the residents.

The facility has an LP gas furnace and a water heater located on the main floor. They are housed in a 1-hour fire resistant enclosure.

The facility has private water and septic. The inspection report from the Allegan Co. Health Department gave the facility an "A" rating on 5-26-04. An "A" rating indicates substantial compliance with applicable environmental health safety rules.

The licensing consultant conducted fire safety inspections on 6-14-04 and 8-27-04. Substantial compliance with applicable fire safety rules was verified on 12-28-04 and final documentation was submitted on 12-29-04. Documentation of a furnace inspection on 8-13-04 was provided indicating the furnace was in good condition. Documentation of proper installation of the smoke detection systems was completed on 9-15-04 and submitted.

B. Program Description

Blue Moon House will provide programming to male residents over the age of 18 years. Programs will be provided to the mentally ill and the developmentally disabled. The facility is not handicap accessible. SSI and private pay residents are accepted. The applicant has submitted a Discharge Policy and Refund Policy to the Department. Local transportation will be provided by the facility.

Rebecca Forbes is the applicant and Charles (Ben) Kelly has been designated as the administrator. Mr. Kelly and shift staff will provide the care and supervision in the home. Ms. Forbes and Mr. Kelly have provided documentation verifying their qualifications. A minimum of 1 staff will be on duty at all times. Mr. Kelly has completed all of the training modules for providing specialized programming, as he has previously worked in other adult foster care facilities. Blue Moon House will conduct criminal history checks on all employees, as prescribed by PA 218. Licensing Record Clearance checks for Ms. Forbes and Mr. Kelly were satisfactory.

Medical Clearance forms for Ms. Forbes and Mr. Kelly indicated substantial compliance with the applicable rules.

Nicholas Stoughton is the owner of the property. Mr. Stoughton has submitted a letter acknowledging the home can be used as an Adult Foster Care facility and giving the Department permission to conduct inspections. Rebecca Forbes, as Blue Moon AFC, has a lease with Mr. Stoughton to occupy the premises. A review of the financial

