

JENNIFER M. GRANHOLM GOVERNOR STATE OF MICHIGAN

DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING MARIANNE UDOW DIRECTOR

May 27, 2005

Todd Olivieri Cencare Foster Care Homes 1933 Churchill Mt Pleasant, MI 48858

> RE: License #: AS370011293 Cencare Foster Home 1 3092 E Deerfield Mt Pleasant, MI 48858

Dear Mr. Olivieri:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 (989) 839-1144.

Sincerely,

Ronald Verhelle, Licensing Consultant Office of Children and Adult Licensing PO Box 1609 1509 Washington, Suite A Midland, MI 48641 (989) 839-1110

enclosure

#### MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

# I. IDENTIFYING INFORMATION

| License #:                       | AS370011293  |
|----------------------------------|--|
| Licensee Name:                   | Cencare Foster Care Homes                            |
| Licensee Address:                | 1933 Churchill<br>Mt Pleasant, MI 48858              |
| Licensee Telephone #:            | (989) 773-6200                                       |
| Administrator/Licensee Designee: | Todd Olivieri, Designated Licensee and Administrator |
| Name of Facility:                | Cencare Foster Home 1                                |
| Facility Address:                | 3092 E Deerfield<br>Mt Pleasant, MI 48858            |
| Facility Telephone #:            | (989) 772-3360                                       |
| Capacity:                        | 6  |
| Program Type:                    | CLF/DD   |

## II. Purpose of Addendum

The purpose of this addendum to the original licensing study report is to modify the terms of the license to include mentally ill adults as an additional population served by the home.

## III. Methodology

On May 26, 2005, a request to modify the terms of the license was received.

On May 26, 2005, a statement regarding the Designated Licensee and Administrator, Todd Olivieri, qualifications and experience was reviewed.

On May 26, 2005, Cencare 1's admission policy and program statement was reviewed.

# IV. Description of Findings and Conclusions

- A. The request to modify the terms of the license proposed a change in the terms of the license to include mentally ill adults. (Cencare 1 is currently licensed to serve developmentally disabled adults. Mentally ill adults would be an additional population served at Cencare 1.)
- B. The Designated Licensee and Administrator, Todd Olivieri, statement of qualifications and experience indicated that he has over ten years of professional experience working with mentally ill adults.
- C. Cencare 1's admission policy and program statement indicated developmentally disabled and mentally ill adults as a population being served by the home upon department approval.

### V. Recommendation

I recommend the terms of Cencare 1's license be modified to include mentally ill adults as an additional population being served by the home.

Date