



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW
DIRECTOR

June 9, 2005

Darryl Sturdevant
Select Residential Solutions, LLC
1100 Highland Blvd, W
Battle Creek, MI 49015

RE: Application #: AS130274348
Select Residential-Maplehurst
166 Maplehurst Blvd.
Battle Creek, MI 49017

Dear Mr. Sturdevant:

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 3 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,

Kenneth Tindall, Licensing Consultant
Office of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5264

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS130274348
Applicant Name:	Select Residential Solutions, LLC
Applicant Address:	1100 Highland Blvd, W Battle Creek, MI 49015
Applicant Telephone #:	(269) 962-1301
Administrator/Licensee Designee:	Darryl Sturdevant, Designee
Name of Facility:	Select Residential-Maplehurst
Facility Address:	166 Maplehurst Blvd. Battle Creek, MI 49017
Facility Telephone #:	(269) 579-3629 03/22/2005
Application Date:	
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/03/2005	Inspection Completed-Env. Health : A
03/22/2005	Enrollment
03/23/2005	Inspection Report Requested - Health
04/12/2005	Inspection Completed On-site
04/12/2005	Inspection Completed-BFS Sub. Compliance
06/01/2005	Inspection Completed On-site
06/03/2005	Contact - Document Received
06/03/2005	Corrective Action Plan Received
06/09/2005	Corrective Action Plan Approved
06/09/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a one story, wood frame house that includes attached 2-car garage, kitchen, dining room, living room, 1 1/2 bathrooms, 3 private bedrooms, and a staff quarters. The furnace room has a gas fired water heater and boiler heater that was recently inspected and found to be in safe working order. Documentation on file verifies rule compliance with space requirements. Proof that Licensee Designee Darryl Sturdevant owns the home is on file.

This home has municipal sewer and a private water system. On file is a report from the Calhoun County Health Department that indicates the private water system is safe. The home was found to be in substantial compliance with rules pertaining to Environmental Health and Fire Safety. The home has an interconnected, hard-wired smoke detector system with battery backup. On file is documentation that this system was inspected and approved by a licensed contractor.

B. Program Description

The Licensee Designee for the corporation and administrator for the home is Darryl Sturdevant. Medical, TB, and criminal record clearance for Mr. Sturdevant is on file. Qualification requirements for Mr. Sturdevant were reviewed and approved on-site. This home is approved to provide care for the Developmentally Disabled, Mentally Ill, and Traumatic Brain Injured populations. Both genders are accepted. The licensee's admission/discharge policies are consistent with AFC Small Group Home rules. Short-term care may be available.

Transportation services will be specified in the resident care agreements. Emergency medical transportation is available by dialing 911.

The licensee will issue and review a copy of resident rights with each admission. The licensee was provided with all necessary resident record forms to permit rule compliance. The home's program statement indicates a variety of activities/services will be offered to meet resident's individual needs. The licensee's proposed staff/resident ratio is at least 1 staff to 3 residents 24 hours/day.

The licensee was informed that, pursuant to MCL 400.713(3)(e), they are responsible for assessing the good moral character of any person who provides care for residents of this facility under the direction, or in the place of the licensee. Additionally, a copy of Public Act No. 59 was explained and provided to the licensee.

A review of the application and support documents indicates substantial compliance with rules regarding financial capability of the corporation. The required corporate documents are on file.

C. Conclusions

This study is based upon Act No. 218 of the Public Act of 1979, as amended, and the Administrative Rules governing the operation of Small Group Homes (12 or less). Included in the inspection was a review of policies and practices regarding residential care, resident programming, and administrative management as well as Fire and Environmental Safety. The findings indicate this home is in substantial compliance with Act No. 218 and the applicable Administrative Rules.

