



JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW
DIRECTOR

June 23, 2005

Daniel and Michele Selleck
4957 Burt Ave.
Grand Ledge, MI 48857

RE: Application #: AM230258398
Selleck Haven AFC
4957 Burt Ave.
Grand Ledge, MI 48837

Dear Daniel and Michele Selleck:

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 12 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,

Mary E Holton, Licensing Consultant
Office of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7482

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM230258398
Applicant Name:	Daniel and Michele Selleck
Applicant Address:	4957 Burt Ave. Grand Ledge, MI 48857
Applicant Telephone #:	(517) 627-6985
Administrator/Licensee Designee:	Michele Selleck: Administrator
Name of Facility:	Selleck Haven AFC
Facility Address:	4957 Burt Ave. Grand Ledge, MI 48837
Facility Telephone #:	(517) 627-6985
Application Date:	06/10/2003
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

06/10/2003	Enrollment
06/10/2003	Application Received Original
06/10/2003	Fee Received Original
06/27/2003	Inspection Report Requested - Health
09/12/2003	Inspection Report Requested - Fire
09/12/2003	Contact - Telephone call made Phone contact to Ms. Selleck, requested credit report, proof of financial stability, from licensee.
09/15/2003	Contact - Telephone call made Scheduled initial onsite for 10/10/03 with applicant.
09/22/2003	Inspection Completed-Env. Health : B
09/22/2003	Contact - Telephone call made Phone contact to Eaton County Environmental Health Inspector, this is a temporary approval because the abandoned well needs corrections.
10/10/2003	Inspection Completed On-site
10/14/2003	Inspection Completed-BFS Sub. Compliance
10/23/2003	Inspection Report Requested - Fire
10/23/2003	Contact - Telephone call made Phone contact OFS, have not received an OFS inspection request Sent another one.
10/28/2003	Contact - Document Received Office of Fire Safety has not received any plans or an OFS 13.
10/28/2003	Contact - Document Sent Letter requesting plans and ofs 13 sent to licensee with an ofs 13 included in letter.
10/28/2003	Contact - Telephone call made Phone contact to facility, informed Ms. Selleck OFS does not have plans or OFS 13.
10/30/2003	Corrective Action Plan Received

12/29/2003	Inspection Completed-Env. Health : A
01/12/2004	Contact - Telephone call received Phone message from Ms. Selleck, corrections have been made, just need OFS inspection and some paperwork completed.
01/13/2004	Contact - Telephone call made Phone contact with Ms. Selleck. Requested Ms. Selleck submit corrections made in writing as requested in letter.
08/13/2004	Inspection Completed-Sub. Compliance.
02/17/2005	Inspection Completed-Envir. Health:A
03/01/2005	Application Incomplete Letter sent.
05/16/2005	Inspection Completed Onsite.
05/16/2005	Application Complete-OFS Needed
06/20/2005	Inspection Complete-Fire Safety: A
06/23/2005	Inspection Completed- Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

This a one- story ranch located in the city of Grand Ledge. The facility has an attached two-car garage located on the northeast side of the home. The facility has 9 bedrooms, a living area, two dining areas, a kitchen, laundry room, and three full bathrooms and one half bathroom. There is a deck located on the north side of the facility.

The facility has gray vinyl siding. The roof appears to be in good condition and the driveway is located on the south side of the facility. The front door is located on the south side of the home facing the road. The front door opens to the living room that measures 352 square feet and connects to the dining area, measuring 122 square feet. and the kitchen area. There are three bedrooms and a full bathroom located on the west of the living area and dining area. The hallway east of the living room leads to another bedroom and a small sitting area and also has a door as a means of egress to the south side of the facility. The sitting area measures 171 square feet and connects to a northeast hallway that leads to five bedrooms and one full bathroom. There is also

a half bathroom in one of the five bedrooms. The total square feet of living area on the first floor is 645 square feet.

The home has a ramp located at the south front entrance, a ramp on east side of the facility. This home is accessible to residents in wheelchairs.

The nine resident bedrooms measure as follows:

Bedroom #1	16'10" x 17'8" = 297 sq. ft.	(2 Residents)
Bedroom #2	12' x 10' = 120 sq. ft.	(1 Resident)
Bedroom #3	12'10" x 11'4" = 145 sq. ft.	(1 Residents)
Bedroom #4	12'10" x 15'2" = 195 sq. ft.	(1 Residents)
Bedroom #5	11'2" x 10'2" = 114 sq. ft.	(1 Resident)
Bedroom #6	15'4" x 13'3" = 203 sq. ft.	(2 Residents)
Bedroom #7	12' x 12' = 144 square ft	(1 Resident)
Bedroom #8	15' 6" x 15' 8" = 240 sq. ft	(2 Residents)
Bedroom #9	15'6" x 10 = 155 sq. ft.	(1 Resident)

The facility has a separate heat plant enclosure that is located in the basement. There is a self-closing fire door separating the heat plan from the rest of the basement. The heat plant consists of a forced air furnace operating on a boiler in the basement.

The home has one hot water heater located in the basement of the facility.

Mr. and Mrs. Selleck and their two children are residing in the basement of this facility. The basement contains one full bathroom, a living area, and two bedrooms. Mr. and Mrs. Selleck have indicated that the resident will not have access to the basement area.

Mr. and Mrs. Selleck are leasing this property from the landowner. Copies of the lease agreement and permission to inspect the property have been received.

2. Sanitation:

The facility has a private water and septic system that was approved by the Eaton County Health Department on 2/17/2005. Waste removal will occur on a weekly basis.

3. Fire Safety:

The facility utilizes an interconnected smoke alarm system. The Office of Fire Safety gave this facility a full approval on 6/14/05. A written copy of the Office of Fire Safety Report was received on 6/20/05.

B. Program Description

1. Administrative structure and capability:

Daniel and Michelle Selleck are the licensees for this facility. Michele Selleck is the administrator for this facility. Ms. Selleck and Mr. Selleck have provided verification they have one year of experience working with the developmentally disabled, aged, and physically handicapped adults. Mrs. Selleck has submitted a copy of her high school diploma and verification she has successfully completed the required training. . has submitted a copy of his high school diploma, and college transcripts and verification he has successfully completed the required training.

2. Program information:

According to the program statement the facility will admit men and women of the age 18 and over that are aged, physically handicapped and/or developmentally disabled. The program statement further states they will accept residents that utilize a wheelchair and require special diets.

3. Facility and Employee Records:

The applicant has submitted job descriptions, personnel policies, procedures and practices for staff to follow. Staff records were reviewed by the consultant and are found to be in compliance.

The Licensing Medical Clearance Request form indicates Mr. Selleck received a physical appraisal on 4/01/05 and a TB test on 05/20/03 with the result of negative. The Licensing Medical Clearance Request form indicates Mrs. Selleck received a physical appraisal on 3/07/05 and a TB test on 11/27/02 with the result of negative. Mr. and Mrs. Selleck have assured that staff working in this facility will be of good health by obtaining a TB test and a physical prior to employment and by annual statements that they continue to be in good health.

Emergency plans for medical emergencies; fire; facility repairs and severe weather have been reviewed and found to be acceptable.

Resident records will be retained at the facility at all times. Employee records will be maintained at the facility location.

