

JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW DIRECTOR

June 24, 2005

Minerva and Stephen Stassek 09441 44th Street Bloomingdale, MI 49026

RE: Application #: AF800274033

Cozy Hill

09441 44th Street

Bloomingdale, MI 49026

Dear Mr. and Ms. Stassek:

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 2 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,

Kelly Williams, Licensing Consultant Office of Children and Adult Licensing 322 E. Stockbridge Ave Kalamazoo, MI 49001 (269) 337-5274

enclosure

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

#### I. IDENTIFYING INFORMATION

**License #**: AF800274033

**Applicant Name:** Stassek, Stephen and Stassek, Minerva

**Applicant Address:** 09441 44th Street

Bloomingdale, MI 49026

**Applicant Telephone #:** (269) 521-7664

Administrator/Licensee Designee: N/A

Name of Facility: Cozy Hill

Facility Address: 09441 44th Street

Bloomingdale, MI 49026

**Facility Telephone #:** (269) 521-7664

Application Date: 03/01/2005

Capacity: 6

Program Type: MENTALLY ILL

DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

**AGED** 

**ALZHEIMERS** 

#### II. METHODOLOGY

03/01/2005 Enrollment
 03/31/2005 Inspection Completed On-site
 06/07/2005 Inspection Completed-BFS Full Compliance
 06/20/2005 Inspection Completed-Env. Health: A

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a spacious ranch style home with a walkout basement located in rural Bloomingdale. The home consists of a kitchen, dining room, family room, living room, 4 bedrooms, and 3 full baths. The walkout basement is not in use at this time, but is intended in the future to become the licensees' living quarters. Of the 4 bedrooms, 3 are currently occupied by the licensees and other household members, leaving one bedroom at this time for resident use. The bedroom currently designated for resident use has adequate square footage to accommodate 2 residents.

The home has an interconnected smoke alarm system with battery back up. Smoke detector heads are located in appropriate areas of the home. On 6/6/05, the Van Buren County Environmental Health Department inspected the water and septic systems and found both to be in compliance with applicable rules.

The home cannot accommodate residents who use wheelchairs.

Proof of a lease agreement is on file.

#### **B.** Program Description

Stephen and Minerva Stassek are the licensees. Minerva will be the primary care giver. Record clearances and medical clearances for Stephen and Minerva indicate substantial compliance with applicable rules. Mr. and Mrs. Stassek have listed Cathy Stassek and Maria Stassek as their responsible persons for absences up to 72 hours. Medical clearances and TB test results are on file for both. Mr. and Mrs. Stassek have indicated that for brief absences, such as trips to the store, household members Marianne Stassek and/or John Stassek, Sr. may provide care. Appropriate medical clearances and TB test results are on file for these individuals as well.

Mr. and Mrs. Stassek prefer to care for either men or women who are mentally ill, developmentally disabled, aged, physically handicapped, or who have Alzheimer's disease. Both private pay and state rate are accepted. Smokers will be accepted but must smoke outside of the home.

The licensees will provide transportation for local outings and doctor's appointments. Activities that will be offered include board games, movies, fishing, swimming, holiday events, workshop on premises, reading and community outings.

The licensees were provided with all necessary resident and facility record keeping forms to achieve compliance with the administrative rules and were reminded of their responsibilities under PA218 to determine the good moral character of any potential employees they may hire in the future.

## C. Rule/Statutory Violations

All rule noncompliances were corrected prior to license issuance.

### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 2).

Kelly Williams Licensing Consultant	Date
Approved By:	
Gregory V. Corrigan Area Manager	Date