



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

January 13, 2006

Charlotte Logan
Alternative Home Care Solutions, LLC
Suite 2500
29777 Telegraph Rd.
Southfield, MI 48034

RE: Application #: AS820280711
Cortland Manor
4320 Cortland
Detroit, MI 48204

Dear Ms. Logan:

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 6 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 (313) 456-0380.

Sincerely,

Savannah Woods, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820280711

Applicant Name: Alternative Home Care Solutions, LLC

Applicant Address: Suite 2500
29777 Telegraph Rd.
Southfield, MI 48034

Applicant Telephone #: (313) 205-8076

Administrator/Licensee Designee: Charlotte Logan, Designee

Name of Facility: Cortland Manor

Facility Address: 4320 Cortland
Detroit, MI 48204

Facility Telephone #: (313) 491-5525

Application Date: 11/23/2005

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODOLOGY

11/23/2005	Enrollment
12/01/2005	File Transferred To Field Office Detroit
12/06/2005	Technical Assistance attended orientation July 2005
12/06/2005	Application Incomplete Letter Sent
01/06/2006	Inspection Completed On-site
01/06/2006	Contact - Document Received
01/06/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Cortland Manor home is located in a multi-family home residential area in the city of Detroit Michigan. Cortland Manor is a two-story brick two-family flat modified to accommodate a single residency. The home is constructed of brick, with a side drive that is shared with the next-door neighbor.

The first floor of the home has a dining room, living room, kitchen, full bath, and two bedrooms. The second floor contains: two bedrooms, a full bath, family/activity room, office, and sitting area. The heat plant and laundry are located in the basement. The fire door located at the bottom of the kitchen stairs leading to the basement provided floor separation for the heat plant.

Bedrooms were measured and found to be the following dimensions:

First floor

Bedroom#1: 11.5X12.5=143.75 square feet to accommodate 2 residents

Bedroom#2: 11.5X12.0=138.0 square feet to accommodate 2 residents

Second floor

Bedroom#3 13.5X11.0=148.5 square feet to accommodate 2 residents.

Bedroom #4 11.5X11.0=126.5 square feet to accommodate the staff lounge.

Total bedroom capacity is six.

Living space calculations: Living room measures: 14X16=216, sitting room measures: 16.5X14.0=231 square feet, Dining area measures: 12X5=180 square feet, activity room measures: 12X15=180 square feet. Total square footage=807.0 divided by 6 occupants =134 square feet of living space which is more than the 35 square feet of living space per occupant as required by the Administrative rules.

Sanitation:

Cortland Manor AFC utilized city water and sewer.

Fire Safety:

The heat plant of the home is located in the basement area of the home. The heat plant is separated by a fire door located at the top of the stairs that lead to the basement in the kitchen. The fire door is a 1-¾ solid core door with a self-closing device and positive latching hardware. The home has hard wire interconnected smoke detectors with battery backup installed by a licensed electrician. The boiler furnace has been inspected and was found to be in good operation. The home contains radiator covers that extend from top to bottom of the radiators to protect the occupants. The home has three approved means of egress. Evacuation plans have been posted throughout the facility to acknowledge means of egress for emergency exit.

Zoning:

Zoning regulation does not apply to adult foster care homes for six or less.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) ambulatory adults whose diagnosis is Alzheimer's, developmentally disabled, mentally impaired, and/or aged adults in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: The Department of Mental Health, Department of Human Services, and the general public.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. The licensee has contracted a licensed medical doctor to oversee the medical needs of the resident's in care.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee or administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has expressed that the Michigan State Police lein system will be utilized as the process to identify criminal history when assessing good moral character.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

D. Rule/Statutory Violations

None

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Savanah Woods
Licensing Consultant

Date

Approved By:

Christopher J. Hibbler
Area Manager

Date