

JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW DIRECTOR

April 28, 2005

Serenity Adult Foster Care 2883 S 41 Rd Cadillac. MI 49601

RE: Application #: AL830272541

Serenity Adult Foster Care

2883 S 41 Rd Cadillac, MI 49601

Dear Serenity Adult Foster Care:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 15 is issued effective 4-27-05 through 10-26-05.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Jerry Hendrick, Licensing Consultant Office of Children and Adult Licensing Unit 13, 7th Floor 350 Ottawa, NW Grand Rapids, MI 49503 (616) 356-0112

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL830272541

Applicant Name: Serenity Adult Foster Care

Applicant Address: 2883 S 41 Rd

Cadillac, MI 49601

Applicant Telephone #: (231) 779-1081

Administrator/Licensee Designee: Brandi Hoffman

Name of Facility: Serenity Adult Foster Care

Facility Address: 2883 S 41 Rd

Cadillac, MI 49601

Facility Telephone #: (231) 779-1081

Application Date: 12/13/2004

Capacity: 15

Program Type: MENTALLY ILL

AGED

PHYSICALLY HANDICAPPED

II. METHODOLOGY

| 12/13/2004 | Enrollment |
|------------|--|
| 12/16/2004 | Inspection Report Requested - Fire |
| 12/16/2004 | Inspection Report Requested - Health |
| 12/16/2004 | File Transferred To Field Office G.R. |
| 12/22/2004 | Contact - Telephone call made Scheduled inspection |
| 12/28/2004 | Inspection Completed On-site |
| 12/28/2004 | Inspection Completed-BFS Sub. Compliance |
| 12/29/2004 | Application Incomplete Letter Sent |
| 01/04/2005 | Inspection Completed-Environmental Health: A |
| 01/21/2005 | Inspection Completed On-site |
| 03/09/2005 | Contact - Telephone call received Wanted fire safety requirements. Sheet from app packet sent. fire safety rules sent. |
| 04/20/2005 | Contact - Telephone call received Message from fire inspectorfacility now in compliance, approval report to follow |
| 04/25/2005 | Contact - Telephone call made Discussed fire safety inspection with inspector. |
| 04/25/2005 | Inspection Completed-Fire Safety: C |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is a very large and well-maintained walkout ranch that was previously used for adult foster care, but has been vacant for a period of approximately six months. The home is located in a rural area with other similarly maintained single-family dwellings.

The main or upper level of this home includes all areas that will be accessible for residents. The level includes ten bedrooms, two living rooms, two dining rooms, four bathrooms, a kitchen and a staff office. There are five exits from this level to the outside.

The lower level of the home will be considered off-limits to the residents but does include a bedroom and bathroom and will serve as living quarters for an employee. The lower level also includes storage area and an exit to the outside.

Resident bedroom measurements are as follows:

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Bedroom #1...12 feet 6 inches by 13 feet 9 inches
Bedroom #2...11 feet 8 inches by 13 feet 9 inches
Bedroom #3...13 feet 6 inches by 9 feet 2 inches
Bedroom #4...12 feet 5 inches by 10 feet 3 inches
Bedroom #5...11 feet 9 inches by 10 feet 3 inches
Bedroom #6...11 feet 6 inches by 9 feet 7 inches
Bedroom #7...11 feet 6 inches by 10 feet 11 inches
Bedroom #8...11 feet 6 inches by 8 feet 10 inches
Bedroom #9...11 feet 11 inches by 12 feet 0 inches
Bedroom #10...11 feet 8 inches by 12 feet 1 inch
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Upon the date of the last inspection of this home, it was discovered to be fully furnished and in compliance with all requirements relating to the physical plant of the building. All of the originally cited violations have been satisfactorily addressed.

B. Program Description

This program will serve up to fifteen adults who are either mentally ill, aged, physically disabled, or a combination of these. The licensee will admit both male and female residents who are over the age of 18 and are determined to be compatible. The licensee will accept only residents whose care needs can be met in the home and who are not believed to pose any threat to the other residents. The licensee will employ individuals to provide care to the residents of the home in addition to the live-in employee who will serve as the primary caregiver.

The stated purpose of this home will be to "provide love, stability and safety to each and every resident". Specific services to be provided by the licensee include meal preparation, medication administration, transportation to medical appointments (within 40 miles of the home), monthly outings, laundry services, home and room cleaning and free long distance telephone calls within the US.

A copy of the Program Statement for this home has been obtained and will be maintained in the facility file. The licensee does have a procedure for determining good moral character for all responsible persons in the home and for assuring compliance with those rules relating to the handling and accounting of resident funds.

C. Rule/Statutory Violations

All previously cited rule violations from the original inspection report have been corrected. As of the date of the final inspection, the facility was determined to be in full compliance with applicable licensing rules and regulations. It should be noted that the current fire safety rating is a result of documentation, rather than physical plant or fire safety concerns.

IV. RECOMMENDATION

| I recommend issuance of a temporary license to this AFC adult large group hom | е |
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| (capacity 15). | |
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| Jerry Hendrick | Date |
|----------------------|------|
| Licensing Consultant | |
| Approved By: | |
| | |
| Jack R. Failla | Date |
| Area Manager | |