



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

March 7, 2006

Maryanna Hart
Cornerstone AFC LLC
P.O. Box 277
Bloomington, MI 49026

RE: Application #: AS120281503
Cornerstone AFC
633 N. Fall River
Coldwater, MI 49036

Dear Ms. Hart:

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 (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 #: AS120281503

Applicant Name: Cornerstone AFC LLC

Applicant Address: 633 N. Fall River
Coldwater, MI 49036

Applicant Telephone #: (269) 929-2322

Administrator/Licensee Designee: Maryanna Hart, Designee

Name of Facility: Cornerstone AFC

Facility Address: 633 N. Fall River
Coldwater, MI 49036

Facility Telephone #: (517) 278-7887

Application Date: 11/23/2005

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/23/2005	Enrollment
12/29/2005	Application Incomplete Letter Sent applicant called regarding her application, she has changed the Designee & Administrator, therefore, I am sending the application back to her for changes.
01/11/2006	Contact - Document Received applications rec'd with corrections made.
01/11/2006	Inspection Report Requested - Health IN# 1009862
01/11/2006	File Transferred To Field Office Jackson
01/11/2006	SC-Application Received - Original
02/02/2006	Inspection Completed-Env. Health : A
02/15/2006	Inspection Completed On-site
02/15/2006	Inspection Completed-BFS Sub. Compliance
02/15/2006	Application Incomplete Letter Sent
02/21/2006	Contact – Document Received Ms. Hart submitted requested documents.
02/28/2006	Contact – Document Received.
02/28/2006	Application Complete/ Onsite needed.
02/2820/06	Inspection Completed-BFS Full Compliance
03/06/2006	Recommend License Issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Physical Plant

1. Environmental

The facility is a single story home with an attached garage. There is a railed front entrance and a railed side entrance. The front entrance opens to the facility living room. The side entrance opens to a hallway that has a half bathroom leading off from it and a laundry area. The hallway opens into the dining area. The office is next to the dining area. There are sliding glass doors that open to a patio. There is a locked fence that encloses a stairway that leads to a lower patio and a five feet deep in-ground swimming pool. The licensee designee has secured the hot tub with a locked cover and will obtain guardians' and physicians' approval prior to residents use of the hot tub. A safety plan has been developed for staffing ratios when the hot tub and/or pool are in use and the area is secured with locked fences.

There is a second living room that leads out of the kitchen area. The two living rooms provide 479 square feet of living space.

The resident bedrooms measure as follows:

Bedroom #1	11' 4" X 11' 6" = 130 square feet	(2 residents)
Bedroom #2	13' 6" X 13' 6" = 182 square feet	(2 residents)
Bedroom #3	20' X 13' = 260 square feet	(2 residents)

Bedroom #3 has a full bathroom and there is a full bathroom in the hall outside Bedrooms #1 and #2.

The facility is cooled with central air conditioning.

The furnace is enclosed in a cement crawl space below the garage. There is no basement in this facility.

The corporation is leasing the property from the owner. A copy of the lease agreement is in the case file.

2. Sanitation

The home has a private water and sewage system. These systems were inspected and approved by the Branch County Community Health Agency on 2/02/2006. Garbage service is provided weekly.

3. Fire Safety

The facility utilizes an interconnected smoke alarm system. The system was activated during the initial onsite inspection. There are an adequate number of fire extinguishers located in various areas of the facility.

B. Program Description

1. Administrative Structure and Capability:

Cornerstone AFC, LLC is the corporate license for this facility. Current articles of incorporation and bylaws have been reviewed and are in the case file. Maryanna Hart is the licensee designee and administrator for this facility. Ms. Hart has submitted verification she meets all the requirements as licensee designee and administer for a small group home.

The application and supporting documentation have been reviewed and found to be in substantial compliance with the rules pertaining to the administrative structure and administrative capabilities of the applicant.

Financial statement, and an annual proposed budget have been submitted and reviewed.

2. Program Information:

The program statement for the facility states that the facility will admit men and women over the age of 18 years of age who may have developmental disabilities, physically handicapped, mental illness or traumatic brain injuries. Smoking is not permitted at this facility. The facility cannot accommodate wheelchairs. Source of payment for resident can be SSI or private pay. Transportation for the residents is provided by the licensee and public transportation.

Emergency medical services will be provided by the local hospital and ambulance service is available via 911.

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 the administrator received a physical appraisal on 10/23/05 and a TB test with negative results was verified on 10/21/05. Ms. Hart has stated that staff working in this facility will be of good health through obtaining a TB test prior to employment and appraisals of their health within 30 days of hire and will maintain annual statement that they continue to remain in good

health. Ms. Hart will complete state police clearances and has a system to determine the good moral character of the employees.

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

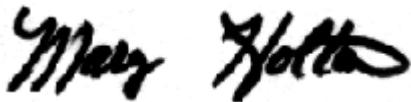
Resident records will be retained at the facility at all times. Employee records will be maintained at the facility location.

C. Conclusion:

Compliance with physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary license. Determination of the Special Certification eligibility will be made at the time of the renewal inspection.

IV. RECOMMENDATION

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



3/07/06

Mary E Holton
Licensing Consultant

Date

Approved By:



3/8/06

Betsy Montgomery
Area Manager

Date