



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

March 30, 2006

Alternative Care Services Inc.
P.O. Box 141
Inkster, MI 48141

RE: Application #: AS820282019
Lehigh Care
27219 Lehigh St.
Inkster, MI 48141

Dear Alternative Care Services Inc.:

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,

Edith Richardson, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0429

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820282019
Applicant Name:	Alternative Care Services Inc.
Applicant Address:	28328 Annapolis Inkster, MI 48141
Applicant Telephone #:	(313) 247-9458
Administrator/Licensee Designee:	April R. Walton
Name of Facility:	Lehigh Care
Facility Address:	27219 Lehigh St. Inkster, MI 48141
Facility Telephone #:	(313) 359-0067
Application Date:	02/23/2006
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODOLOGY

02/23/2006	Enrollment
03/01/2006	File Transferred To Field Office Ann Arbor
03/28/2008	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lehigh Care is a single story structure in the city of Inkster. This home is not wheel chair accessible and therefore cannot house anyone that is non-ambulatory. This home has a kitchen, dining room, living room, three bedrooms, and a full bath on the first floor. The basement is separated from the rest of the facility by a fire door that is equipped with a self-closure.

All bedrooms are double occupancy. They were measured during the initial onsite inspection and have the following dimensions:

The northwest bedroom is 143 square feet.
The southwest bedroom is 150 square feet
The east bedroom is 132 square feet.

The facility is equipped with a smoke detection system powered from the building's electric system and when activated initiate an alarm that is audible in all sleeping rooms with the door closed. The smoke detection system has been inspected and approved by a licensed electrician.

The living room and dining room areas provide an adequate amount of living space that meets the 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policy, and standard procedures for the facility were reviewed and accepted as written. They indicate that the licensee intends to provide 24-hours personal care and protection for six (6) male or females whose diagnosis is developmentally disabled, in the least restrictive environment possible. The program will include improve communication skills. Improve community skills, improve self-care skills, and increased socialization skills. Emphasis is placed on having resident participate in a program designed to meet their social and behavioral developmental needs. Residents will be referred from The Department of Community Health, Department of Human Services, and the general public.

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 school, public library, and local parks.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/ administrator. The licensee designee/ administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB- X-ray 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. The licensee indicates that 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 FBI Fingerprinting and 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.

IV. RECOMMENDATION

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



03/30/2006

Edith Richardson
Licensing Consultant

Date

Approved By:



03/30/2006

Christopher J. Hibbler
Area Manager

Date