

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



MARIANNE UDOW DIRECTOR

JENNIFER M. GRANHOLM GOVERNOR

April 18, 2006

Ms. Laura Hemgesberg 523 N. Hickory St. Owosso, MI 48867

> RE: Application #: AF780280506 Howard AFC #1 523 N. Hickory St. Owosso, MI 48867

Dear Ms. Hemgesberg:

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) 241-2758.

Sincerely,

any Hallon

James Zalba, Licensing Consultant Office of Children and Adult Licensing (517) 373-8805

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF780280506
Applicant Name:	Laura Hemgesberg
Applicant Address:	523 N. Hickory St. Owosso, MI 48867
Applicant Telephone #:	(989) 723-4420
Administrator/Licensee Designee:	N/A
Name of Facility:	Howard AFC #1
Facility Address:	523 N. Hickory St. Owosso, MI 48867
Facility Telephone #:	(989) 723-4420
Application Date:	11/17/2005
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/17/2005	Enrollment
11/21/2005	Application Incomplete Letter Sent
12/09/2005	Contact - Document Received
12/15/2005	Application Complete/On-site Needed

01/27/2006	Inspection Completed On-site
03/31/2006	Inspection Completed On-site
04/14/2006	Contact - Document Received
04/14/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is presently licensed as a small group home. It is a two-story, wood-frame structure, that is located in a residential area in the city of Owosso. The applicant and her daughter live in the facility. The facility consists of the following:

- 1. A kitchen,
- 2. A combination dining/living room (measuring 184 square feet),
- 3. A sitting area on the first floor (measuring 70 square feet),
- 4. A sitting area on the second floor (measuring 30 square feet),
- 5. Two full bathrooms and
- 6. Two resident bedrooms on the second floor:
 - a. Bedroom #1 measured 201 square feet (3 residents), and
 - b. Bedroom #2 measured 209 square feet (3 residents).

The total living space measured 284 square feet, which is more than adequate for the eight occupants of the house.

The basement contains a furnace and hot water heater. An acceptable furnace inspection was completed on February 21, 2006 by Scott Lamphere of Lamphere's Plumbing, Heating, Cooling, and Sewer Service. An acceptable electrical inspection was completed on March 31, 2006 by Carl Ludington of Ludington Electric Company.

No zoning approval is needed for this type of facility.

No environmental health inspection is needed on this facility, because it is served by the city of Owosso water and sewage system.

The property is currently owned by the applicant's mother. After the facility is licensed a rental agreement or land contract will be completed.

B. Program Description

Ms. Hemgesberg will continue to provide personal care, supervision, and protection to six female residents, who are developmentally disabled, aged, and/or physically handicapped. Ms. Hemgesberg is presently the administrator for the small group home.

Ms. Hemgesberg has submitted an acceptable licensing record clearance, medical certification, and TB status report.

Ms. Hemgesberg is well aware of all applicable resident forms and documentation.

C. Rule/Statutory Violations

This consultant conducted inspections at this facility on January 27, 2006 and March 31, 2006. As of March 31, 2006 this facility was found to be in compliance with all applicable rules and regulations for adult foster care family homes.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home for a maximum capacity of six (6) residents.

any Hallon

April 18, 2006

James Zalba Licensing Consultant

Date

Approved By:

Henry S. Sinasa

Kathleen S. Sinnamon Area Manager

Date

04/18/06