



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

September 18, 2007

Charles Cryderman  
Haven Adult Foster Care Limited  
73600 Church Road  
Armada, MI 48005

RE: Application #: AS740292083  
C & C  
868 Kinney Rd  
Memphis, MI 48041

Dear Mr. Cryderman:

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 (248) 975-5053.

Sincerely,

Michael Swajanen, Licensing Consultant  
Bureau of Children and Adult Licensing  
39531 Garfield  
Clinton Township, MI 48038  
(586) 228-3934

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS740292083
<b>Applicant Name:</b>	Haven Adult Foster Care Limited
<b>Applicant Address:</b>	73600 Church Road Armada, MI 48005
<b>Applicant Telephone #:</b>	(586) 784-8890
<b>Administrator/Licensee Designee:</b>	Charles Cryderman, Designee
<b>Name of Facility:</b>	C & C
<b>Facility Address:</b>	868 Kinney Rd Memphis, MI 48041
<b>Facility Telephone #:</b>	(586) 784-8890 08/07/2007
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED MENTALLY ILL

## **II. METHODOLOGY**

08/07/2007	Enrollment
08/14/2007	Inspection Report Requested - Health
08/14/2007	File Transferred To Field Office CT
08/16/2007	Contact - Document Received Licensing file received from Central Office on 8/16/2007.
08/30/2007	Application Incomplete Letter Sent Regarding required documentation.
09/04/2007	Inspection Completed-Env. Health : A
09/13/2007	Inspection Completed On-site Preliminary inspection.
09/13/2007	Inspection Completed-BFS Sub. Non-Compliance
09/17/2007	Application Incomplete Letter Sent
09/18/2007	Corrective Action Plan Received
09/18/2007	Corrective Action Plan Approved Note: Two corrective action plans were received on 9/18/07 verifying all violations cited at the preliminary inspection on 9/13/07 and in correspondence to the applicant dated 9/13/87 have been corrected.
09/18/2007	Inspection Completed-BFS Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The C & C facility is a one story structure located in a rural area of Memphis Michigan. The first floor consists of a living room, dinette, kitchen, two full bathrooms, laundry room, medication room, staff office, and five resident bedrooms. Per departmental request the applicant has placed a sign in the front of the facility for recognition by emergency vehicles and visitors. In addition because the facility is located on a high speed, highly traveled road, the applicant has installed door alarms on the exits to notify staff if a resident attempts to elope from the facility. The applicant has also provided the department with inspection reports for the facilities heating plant, electrical system, and

hard wired smoke detection systems. The reports indicate the systems are in good working order with no deficiencies noted. Based upon the submitted corrective action plans and the observations of the consultant at the onsite inspection on September 13, 2007, the facility is determined to be in full compliance with administrative rule requirements relating to fire safety, environmental sanitation, and physical plant. In addition at the onsite inspection on September 13, 2007, the facility was determined to be in full compliance with administrative rule requirements relating to living and bedroom furnishings.

The facility will utilize private water and sewage systems. On September 4, 2007, Lowell Cameron, Sanitarian, St. Clair County health Department evaluated both systems. Mr. Cameron granted full approval of the private water and sewage system.

The living room and dinette contain 409.70 square feet of indoor living space. The facility will provide adult foster care services to six ambulatory adults requiring 210 square feet of indoor living space. Compliance to the requirements of Rule 405.1 has been determined. Bedroom #1 contains 137.19 square feet and will house one adult. Bedroom #2 contains 120.96 square feet and will house one adult. Bedroom #3 contains 91 square feet and will house one adult. Bedroom #4 contains 140 square feet and will house two adults. Bedroom #5 contains 121.83 square feet and will house one adult. Based upon these measurements the facility will provide adult foster care services to six ambulatory adults as outlined above.

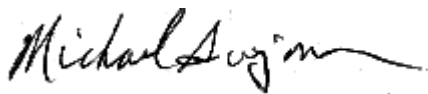
## **B. Program Description**

Haven Adult Foster Care Limited in the State of Michigan provides adult foster care services to seven licensed adult foster care facilities in Macomb, Sanilac, and St. Clair counties. All facilities are currently operating under the terms of a regular adult foster care license. The applicant indicated on the original license application that they were applying to provide services to non-ambulatory adults. At the onsite inspection on September 13, 2007, and in written correspondence dated September 14, 2007, the applicant indicated they were not applying to provide services to non-ambulatory adults. The licensee designee/administrator has previously been qualified as possessing the requirements for an administrator. In addition Mr. Cryderman's good moral character has been verified through the processing of a licensing record clearance request. Also Mr. Cryderman's physical and mental health has been verified through the submission of a current health care appraisal and negative tuberculin test results.

The program statement, admission/discharge policy, and refund agreement are acceptable as written. The applicant has also submitted documentation verifying they will have the funding required to provide the program as stipulated. At final inspection Mr. Cryderman was advised of administrative rule requirements relating to facility, resident, and employee files and indicated it is his intent to comply with these requirements.

#### IV. RECOMMENDATION

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



September 19, 2007

---

Michael Swajanen  
Licensing Consultant

Date

Approved By:



09/19/2007

---

Barbara Smalley  
Area Manager

Date