



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

June 9, 2008

Reeta Smith
Redwood Inc
PO Box 684
Oxford, MI 48371

RE: Application #: AM440290998
Brookhaven A.F.C.
4521 Stanley Rd
Columbiaville, MI 48421-8421

Dear Ms Smith:

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 11 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 586-228-2521.

Sincerely,

A handwritten signature in black ink that reads "Carol Trombley".

Carol Trombley, Licensing Consultant
Bureau of Children and Adult Licensing
39531 Garfield
Clinton Township, MI 48038
(586) 228-4705

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

I. IDENTIFYING INFORMATION

License #: AM440290998

Applicant Name: Redwood Inc

Applicant Address: 3280 Trillium Lane
Oxford, MI 48371

Applicant Telephone #: (248) 625-1280

Administrator/Licensee Designee: Reeta Smith, Designee

Name of Facility: Brookhaven A.F.C.

Facility Address: 4521 Stanley Rd
Columbiaville, MI 48421-8421

Facility Telephone #: (810) 793-7060
06/13/2007

Application Date:

Capacity: 11

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED
ALZHEIMER'S

II. METHODOLOGY

06/13/2007	Enrollment
06/19/2007	Application Incomplete Letter Sent 1326 for Cathy and Reeta
07/09/2007	Contact - Document Received 1326 Cathleen Wilson, Admin
07/11/2007	Lic. Unit file referred for criminal history review Cathleen
07/20/2007	Lic. Unit received criminal history file from review NS reviewed - Cathleen
07/24/2007	Inspection Report Requested - Fire Change in Ownership
07/24/2007	Inspection Report Requested - Health
07/24/2007	Application Complete/On-site Needed
07/24/2007	File Transferred To Field Office CT
07/27/2007	Contact - Document Received Licensing file received from Central Office on 7/27/2007.
08/17/2007	Application Incomplete Letter Sent
12/06/2007	Inspection Completed On-site A preliminary inspection was conducted.
5/09/2008	Inspection Completed on-site A final inspection was conducted.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Brookhaven Adult Foster Care Home is a one-story frame house. It consists of seven bedrooms, a living room, dinette, two bathrooms, laundry room and a basement. The gas furnace is located in the basement.

The water and sewage systems are private.

The following bedroom dimensions are according to Rule 400.1432(2):

<u>Bedroom</u>	<u>Square Footage</u>	<u>Capacity</u>
#1	114	1
#2	118	1
#3	103	1
#4	143	2
#5	145	2
#6	142	2
#7	142	2

The following measurements for living space dimensions are according to Rule 400.1427(1):

<u>Living Space</u>	<u>Square Footage</u>
Living Room	429
Dinette	174

The square footage for the bedrooms and living space is sufficient for 11 residents. The floor plan indicates how many beds are placed in each bedroom.

The home will accommodate eleven males or females, 40 years of age and older adults who are mentally ill, developmentally disabled, aged, Alzheimer's, traumatic brain injured, physically handicapped and wheelchair accessible.

The interconnected smoke detection system was inspected by the Department of Labor and Economic Growth, Bureau of Fire Services, the Fire Marshal Division, and has been given full approval on 12/12/2007.

Bud's Heating and Cooling has inspected the gas furnace, and it is in safe working order.

Jim's Electric Service, L.L.C. completed an electrical inspection, and found that the system is in safe working order.

The water and the sewage systems are private, and have been inspected by the Environmental Health Division of the Lapeer County Health Department. Full approval has been given.

At final inspection, the kitchen and bathroom areas were determined to be in substantial compliance with licensing requirements.

All garbage will be kept in a leak proof, nonabsorbent container with a tight fitting lid. Poisons, caustics and other dangerous materials will be stored and safeguarded in nonresident areas and in nonfood preparation storage areas.

B. Program Description

The application was received in Lansing from Redwood Inc. on 7/26/2007. The licensee designee is Reeta Smith, and the home administrator is Cathleen Wilson. Ms. Smith and Ms. Wilson have submitted documentation verifying they meet the qualifications required for a licensee and the home administrator respectively. They have also submitted documentation verifying they possess the experience required for the population identified in the facility's Program Statement and Admission Policy. The department has verified Ms. Smith and Ms. Wilson's good moral character, and physical and mental health. Negative tuberculin tests have been received for Ms. Smith and Ms. Wilson. The designated responsible person to stand in for the administrator is Patricia Coulter. The Articles of Incorporation and the list of the Board of Directors for the corporation have been received, along with other documents, organizational chart with job descriptions, and the staffing pattern. Personnel policies also comply with the requirements of Rule 400.14207(1).

The home admission and discharge policies, and the program statement have been reviewed and approved. Documentation has been submitted verifying the corporation will have the funding required to provide the program as stipulated.

At the present time, there are eight residents living in the home. Redwood Inc. has been operating the home under the license of Sedalia Ann Condry (AM440015220).

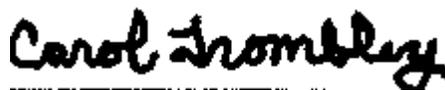
At final inspection, administrative rule requirements relating to resident records, employee files facility files, fire safety and the physical plant were explained. Model files were given and explained. Files will be reviewed during the temporary license period.

C. Rule/Statutory Violations

The corporation is in compliance with the rules.

IV. RECOMMENDATION

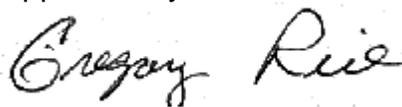
I recommend issuance of a temporary license to Brookhaven AFC Home, located at 4521 Stanley Road, Columbiaville, Mi., 48421. It will be for the capacity of eleven males or females, mentally ill, developmentally disabled, aged, Alzheimer's, wheelchair accessible, physically handicapped and traumatic brain injured, 40 years of age and older adults.

 6/09/2008

Carol Trombley
Licensing Consultant

Date

Approved By:

 6/09/2008

Gregory Rice
Area Manager

Date