



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

March 11, 2009

Deborah Pettyplace
Central State Community Services, Inc.
Suite 201
2603 W. Wackerly Rd.
Midland, MI 48640

RE: Application #: AS250296942
Porter Road Home
7168 Porter Road
Grand Blanc, MI 48439

Dear Ms. Pettyplace:

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 (810) 787-7031.

Sincerely,

Mildred Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
2320 W. Pierson Rd.
Flint, MI 48504
(810) 787-7035

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250296942

Applicant Name: Central State Community Services, Inc.

Applicant Address: Suite 201
2603 W. Wackerly Rd.
Midland, MI 48640

Applicant Telephone #: (989) 631-6691

Administrator/Licensee Designee: Deborah Pettyplace, Designee

Name of Facility: Porter Road Home

Facility Address: 7168 Porter Road
Grand Blanc, MI 48439

Facility Telephone #: (810) 695-0018

Application Date: 07/10/2008

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/22/2007	Inspection Completed-Environmental Health: A
07/10/2008	Enrollment
07/15/2008	File Transferred To Field Office Flint
09/03/2008	Inspection Completed On-site
10/06/2008	Inspection Completed-BFS Full Compliance
01/22/2009	Inspection Completed-Environmental Health: B
03/09/2009	CAP received on environmental inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a ranch style home, located in the city of Grand Blanc. It is situated in a neighborhood with similar style dwellings. The home is barrier free and approved for wheelchair usage. The facility consists of three double occupancy bedrooms, one full bathroom with a shower, one full bathroom with a tub, a living room, a family room, a program room, a staff office, a kitchen, a dining room, and a laundry room. There is an attached two car garage. There is a cement driveway, with adequate off street parking for staff and visitors. There is a big backyard, with an area for outdoor seating.

The furnace and hot water heater are located on the main floor in an enclosed room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

The facility utilizes a private water supply system and a private sewage disposal system. On 1/22/2009, the Genesee County Health Department conducted an inspection of the facility and gave a "B" rating, issuing temporary approval until the next inspection. The inspector stated that the well cap needed to be secured on the well casing. The applicant submitted an acceptable corrective action plan on 3/9/2009 stating that the well cap will be secured by 3/20/2009.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' x 14'8"	161	2
2	11' x 14'8"	161	2
3	11' x 14'8"	161	2

The living, dining, family, and program room areas measure a total of 860 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** female ambulatory adults whose diagnosis is developmentally disabled or mentally ill, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from Genesee County Community Mental Health.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

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 schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Central State Community Services, Inc., which is a Non Profit Corporation. This license entity was established in Michigan on 10/30/1984. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Central State Community Services, Inc. has submitted documentation appointing Deborah Pettyplace as Licensee Designee for this facility and Christine Reinbold as the Administrator of the facility.

Licensing record clearance requests were completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and the administrator submitted medical clearance requests with statements from their respective physicians documenting their good health and current TB-tine negative results.

The licensee designee and the administrator have 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 2 staff to 6 residents per shift. 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 acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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.

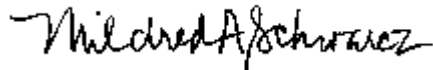
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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

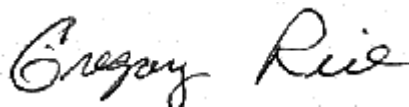


03/11/2009

Mildred Schwarcz
Licensing Consultant

Date

Approved By:



03/11/2009

Greg Rice
Area Manager

Date