



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

January 5, 2012

Robert Miniati
Advanced Adult Foster Care, Inc.
PO Box 371
Paw Paw, MI 49079

RE: Application #: AS800315037
Advanced Adult Foster Care
202 Corwin Meadows Drive
Lawrence, MI 49064

Dear Mr. Miniati:

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 5 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 (269) 337-5066.

Sincerely,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5241

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS800315037

Applicant Name: Advanced Adult Foster Care, Inc.

Applicant Address: 50211 County Road 652
Mattawan, MI 49071

Applicant Telephone #: (269) 760-9692

Administrator/Licensee Designee: Robert Miniati

Name of Facility: Advanced Adult Foster Care

Facility Address: 202 Corwin Meadows Drive
Lawrence, MI 49064

Facility Telephone #: 269-674-3051

Application Date: 08/26/2011

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/26/2011	Enrollment
08/31/2011	Contact - Document Sent Rules & Act booklets
08/31/2011	Licensing Unit file referred for criminal history review licensee designee
09/09/2011	Application Incomplete Letter Sent GMC letter sent regarding licensee designee.
10/06/2011	Application Complete/On-site Needed
10/11/2011	Application Incomplete Letter Sent
11/03/2011	Contact - Document Received Proof of ownership received
11/30/2011	Inspection Completed On-site
12/13/2011	Contact - Document Received
12/28/2011	Contact - Document Received
12/28/2011	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The house is a 4 year old single story wood frame home with a full basement located in a residential neighborhood in Lawrence, MI. The house has 3 bedrooms, all of which are for resident use. The master bedroom (Bedroom #1) has its own bathing facility and room for 2 residents. The other 2 bedrooms are located in a separate area of the home and will share the bathing facility located in the hallway near the bedrooms. Bedroom # 2 will be licensed for 1 resident and Bedroom # 3 will be licensed for 2 residents. Actual bedroom measurements are on file. The living room has 197 square feet of living space. The home has separate kitchen and dining room space. The laundry area is also located on the main floor.

The basement was unfinished at the time of original licensure and did not have a 2nd means of egress, thus it cannot be used by residents. The gas forced air furnace and water heater are located in the basement of the home.

The home has public water and is on the public sewage disposal system. The licensing consultant inspected the home on 11/30/11 and 12/28/11 and found the home to be in substantial compliance with applicable environmental health safety rules.

The licensing consultant conducted fire safety inspections on 11/30/11 and 12/28/11; the home was determined to be in substantial compliance with applicable fire safety rules on 12/28/11. Added-Value Home Inspection Service, LLC, a home inspection service with a licensed home inspector, completed a full inspection of the property at 202 Corwin Meadows Drive, Lawrence, MI on 07/16/11. The home's electrical, air conditioning, heating and plumbing systems were all found to be in good working condition. Approved Fire Protection Company installed 2 new smoke detectors and completed a full inspection of all smoke detectors and fire extinguishers on 12/14/11. They were all found to be in good working condition.

B. Program Description

Advanced Adult Foster Care, Inc. will provide personal care, supervision, and protection to male and female clients between the ages of 18-99 years. Program type includes mentally ill and developmentally disabled. SSI and private pay residents are accepted. The home is not wheelchair accessible. The licensee has developed Admission and Discharge policies that are consistent with Department rules and policies.

Advanced Adult Foster Care, Inc. was incorporated on 08/02/11 in the State of Michigan. Robert W. Miniat is the resident agent for the corporation. The number of directors of the corporation is fixed at 3 and they are: Joseph Glenn Miniat, Susan M. Miniat and Robert W. Miniat. Robert Miniat holds the title of President. The Department received a letter dated 11/30/11 authorizing Robert Miniat to act on behalf of the corporation on all licensing matters and it is signed by all 3 directors. Mr. Miniat will also serve as the Administrator of the home. Advanced Adult Foster Care, Inc. has submitted an acceptable budget and a statement of plans to contract with local Community Mental Health agencies.

Mr. Miniat has submitted documentation that he meets the qualifications to be the Licensee Designee and Administrator for Advanced Adult Foster Care, Inc. He has been employed in the adult foster care field for 4 years and prior to that was a finance officer for an automotive dealership. He has also completed all the required trainings to provide specialized programming. The Licensing Record Clearance for Mr. Miniat indicated substantial compliance with the applicable rules. His Licensing Medical Clearance also indicated substantial compliance with the rules.

Mr. Miniat will be hiring shift staff to work in the home, as there will be no one other than residents residing in the home. Technical assistance was provided to Mr. Miniat regarding the Act and the administrative rule requirements related to the facility and resident and employee record keeping, including the handling and accounting of resident funds. Resident Rights statements were given to Mr. Miniat and he will be reviewing them with each admission to the facility. He was advised that criminal history

background checks must be completed on all employees of the facility; he indicated he was familiar with this process as he had done it in his previous position.

Admission/Discharge and Personnel policies have been submitted to the Department. Job descriptions were reviewed. At the time of the original licensure Advanced Adult Foster Care, Inc. had not submitted house rules.

IV. RECOMMENDATION

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an AFC small group home for 5 residents who are mentally ill and/or developmentally disabled. The term of the license will be for a six-month period effective 01/04/12.

Donna Konopka

01/04/12

Donna Konopka
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

01/05/2012

Gregory V. Corrigan
Area Manager

Date