



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

January 28, 2011

James Pilot  
Saginaw Bay Human Services, Inc. DBA Bay Human Services  
PO Box 741  
Standish, MI 48658

RE: Application #: AS730311600  
House of Hope  
4326 N Michigan  
Carrollton, MI 48604

Dear Mr. Pilot:

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 (989) 758-2717.

Sincerely,

Kathryn A. Huber, Licensing Consultant  
Bureau of Children and Adult Licensing  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 758-2736

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS730311600

**Applicant Name:** Saginaw Bay Human Services, Inc. DBA Bay Human Services

**Applicant Address:** 125 S. Forest St.  
Standish, MI 48658

**Applicant Telephone #:** (989) 846-9631

**Administrator/Licensee Designee:** James Pilot, Designee

**Name of Facility:** House of Hope

**Facility Address:** 4326 N Michigan  
Carrollton, MI 48604

**Facility Telephone #:** (989) 846-9631  
12/10/2010

**Application Date:**

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

12/10/2010	Enrollment
01/14/2011	Application Complete/On-site Needed
01/26/2011	Inspection Completed-BCAL Full Compliance
01/26/2011	SC-Application Received - Original

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

House of Hope is located on North Michigan in Carrollton Township, Carrollton, Michigan and is owned by the Saginaw County Community Mental Health Authority. This is primarily a residential area. The facility was designed and constructed to accommodate individuals using wheelchairs for mobility. Shopping areas are located within one to two miles of the facility. Three hospitals are located three miles south of the facility.

The facility is a one story wood frame structure with brick front. There is no basement. The facility consists of four bedrooms, two private rooms and two semi-private rooms. The facility has a living room, dining room, kitchen, laundry room, and two bathrooms, both wheelchair accessible.

The furnace and hot water heater are located on the main floor with in a 1-hour-fire rated furnace room. Fire safety features includes automatic sprinkler system and interconnected, hardwire smoke detection system with battery back up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	20' 9" X 11'6"	238.62	2
#2	11'9" X 13'9"	158.12	1
#3	11'10" X 15'7"	184.4	2
#4	14'3" X 11'10"	168.62	1

The living and dining areas measure a total of 409.63 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)** male or female adults whose diagnosis is developmentally disabled or mentally impaired, physically handicapped or traumatic brain injured the least restrictive environment possible. Wheelchair users will be accepted. 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 Community Mental Health Authority, hospitals, and nursing homes.

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 Bay Human Services, Inc., which is a Non Profit Corporation, was established in Michigan, on 11/13/1980. 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 Bay Human Services, Inc. has submitted documentation appointing Joseph Pilot as Licensee Designee for this facility and Aleta Wendling as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and 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 two staff to six 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.cogentid.com/mi/index](http://www.cogentid.com/mi/index)), Cogent Systems™ (formerly L 1 Identity Solutions®), 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 AFC adult small group home (capacity 1-6).



January 31, 2011

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Kathryn A. Huber  
Licensing Consultant

Date

Approved By:



January 31, 2011

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Ardra Hunter  
Area Manager

Date