



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 21, 2013

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

RE: Application #: AS290337028
Norton Gibbs
650 Norton Gibbs
Ithaca, MI 48847

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 (517) 373-2506.

Sincerely,

Dawn Campbell, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5607

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS290337028

Applicant Name: Bay Human Services, Inc.

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

Applicant Telephone #: (989) 846-9631

Licensee Designee: James Pilot

Administrator: Mary Barnum

Name of Facility: Norton Gibbs

Facility Address: 650 Norton Gibbs
Ithaca, MI 48847

Facility Telephone #: (989) 875-2463
10/01/2012

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/01/2012	Enrollment
10/10/2012	Application Incomplete Letter Sent FP/James,1326A/James&Mary.
10/10/2012	Contact - Document Sent Act&Rules.
10/24/2012	Lic. Unit file referred for criminal history review Red Screen&FP Exempt/James and Self-Confession/Maryanne.
10/25/2012	Application Incomplete Letter Sent FCL FP req'd/James.
11/13/2012	Application Complete/On-site Needed
11/13/2012	File Transferred To Field Office Lansing.
12/26/2012	Application Incomplete Letter Sent
02/21/2013	Application Incomplete Letter Sent
02/21/2013	Inspection Completed-BCAL Sub. Compliance
05/21/2013	Telephone call received
05/21/2013	Recommend License Issuance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Norton Gibbs is a single story ranch style home that is located in Ithaca, Michigan. The facility is located approximately 10 miles south of Alma, Michigan. Access to hospitals, shopping and other amenities are within a reasonable distance from this facility. The facility has four resident bedrooms, a large kitchen, dining area/living area, laundry room, front room and two bathrooms. There is a patio located off of the dining/living room that is accessed patio glass door. The facility has a two car garage that contains private lockers for resident items. The garage also contains an additional refrigerator and freezer for resident and staff use. The drive way has ample parking for staff and visitors. The facility is wheelchair accessible with the all exits to the facility being wheelchair accessible. The facility utilizes the local public water supply and local sewage disposal system.

The building is owned by Gratiot County Community Mental Health. The applicant has authorization from the owner to occupy and inspect the premises.

The facility is equipped with one furnaces and hot water heater both of which is located in the mechanical room. The mechanical room is adjacent to the utility room which contains the washer and dryer for the facility. The mechanical room is equipped with 1 ¾ inch solid wood core doors with automatic self-closing hinges and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. Each floor of the facility is equipped with a fire extinguisher as well.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bed #1	15'2" x 12'1	183 square feet	Two
Bed #2	15'1" x 10'10'	163 square feet	One
Bed #3	15'2" x 10'10"	164 square feet	One
Bed #4	15'2" x 11'0"	166 square feet	Two
Front Room	16'4" x 12'5"	202 square feet	
Dining/Living Room	23'3" x 20'5"	474 square feet	

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six male and female residents aged 18 years and over who have been diagnosed with a developmental disability, mentally ill or physically handicapped. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The program plans to support the development of any personal interests or goals voiced by any of the residents by

connecting the resident with local educational and social programs. The applicant intends to accept referrals from Gratiot County Community Mental Health as well as residents with private pay resources. The facility has applied for special certification as well.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to use local community resources for recreational activities including the local public schools and library, local museums, shopping centers, churches, along with resources located in the nearby Ithaca/Alma area. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Saginaw Bay Area Human Services, DBA Bay Area Human Services. Bay Area Human Services is a "Non Profit Corporation", established in Michigan in 1980. The applicant submitted a current financial statement for the corporation along with 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 Area Human Services, Inc. has submitted documentation appointing James Pilot as the Licensee Designee of the facility and Mary Barnum as administrator of this facility.

A criminal history background check was completed on James Pilot, who will serve as Licensee Designee for this facility. He was determined to be of good moral character to provide licensed adult foster care. James Pilot submitted statements from a physician documenting his good health and current negative tuberculosis test results.

A criminal history background check was completed on Mary Barnum, who will serve the administrator for this facility, and she was determined to be of good moral character to provide licensed adult foster care. Mary Barnum submitted statements from a physician documenting her good health and current negative tuberculosis test results.

James Pilot has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Pilot has been the Licensee Designee for Bay Area Human Services and their AFC Facilities since 2007. Mr. Pilot has experience in working vulnerable adults in group homes and private care settings.

Mary Barnum has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has over 10 years of experience working with developmentally disabled adults in group homes and private

care settings. Her tasks included assisting clients with daily living skills, personal hygiene tasks, medication administration, and assisting clients out in the community to increase independence and safety skills. Ms. Barnum is currently employed by Bay Area Human Services and works as the administrator for 3 other AFC's operated by Bay Area Human Services.

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of one staff for four residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

III. RECOMMENDATION

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



05/21/2013

Dawn Campbell
Licensing Consultant

Date

Approved By:



05/21/2013

Mary E Holton
Area Manager

Date