



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

February 29, 2016

Kenneth Fayas
HIS, Inc.
340 Lane Ave
Kingsford, MI 49802

RE: Application #: AS220380770
HIS, Inc. Lane St. AFC
340 Lane Ave
Kingsford, MI 49802

Dear Mr. Fayas:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (906) 226-4171.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS220380770
Applicant Name:	HIS, Inc.
Applicant Address:	340 Lane Ave Kingsford, MI 49802
Applicant Telephone #:	(906) 221-1605
Administrator/Licensee Designee:	Kenneth Fayas, Designee
Name of Facility:	HIS, Inc. Lane St. AFC
Facility Address:	340 Lane Ave Kingsford, MI 49802
Facility Telephone #:	(906) 221-1605
Application Date:	12/14/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/14/2015	Enrollment
12/21/2015	Application Incomplete Letter Sent fingerprint needed for Kenneth Fayas
01/25/2016	Application Incomplete Letter Sent
02/10/2016	Application Complete/On-site Needed
02/10/2016	Inspection Completed On-site
02/10/2016	Contact - Document Received Policies, rules, procedures, received.
02/10/2016	Inspection Completed-BCAL Full Compliance
02/11/2016	Contact - Document Received Copy of deed received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is currently licensed as an AFC Home (License # AS220304799) and Northpointe Behavioral Healthcare (NBH) is the licensee. There is a letter on file from Laurie Caruso, Licensee Designee, requesting withdrawal of this license when licensure is granted to HIS, Inc.

The home is a wood-framed, split-level home, located in the city of Kingsford. The property is centrally located to schools, parks, service provider organizations, shopping, etc. The home is owned by Kenneth and Mindey Fayas. Proof of ownership was provided and a copy of the warranty deed is maintained in the file.

The home was built in 1977 and has 2496 square feet. The double-story home has 4 bedrooms and 2 full bathrooms. The upper floor of the facility has 3 bedrooms, a full bathroom, the kitchen, dining room, and large living room. The lower level has 1 bedroom, with a partial kitchen, a full bath, and the office area. The heat plant is also located in the lower level with a minimum 1-3/4 inch, self-closing fire door. The furnaces were inspected on 05/18/2015 and found to be in compliance with the applicable rules. There is an interconnected smoke detection system, which was installed by a certified electrician and is reviewed on an annual basis. Bedrooms have the following dimensions:

Bedroom #1	99 sq. ft.	Approved capacity 1
Bedroom #2	129 sq. ft.	Approved capacity 2

Bedroom #3	131 sq. ft.	Approved capacity 1
Bedroom #4	137 sq. ft.	Approved capacity 1
Bedroom #5	114 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home is located within the city of Kingsford and is serviced with municipal water and sewage. This home is not wheelchair accessible.

B. Program Description

The facility proposes to serve both male and female adults (18 years and older) that are Developmentally Disabled and Mentally Ill. The admission policy, program statements, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. HIS, Inc. Lane Street, intends to work closely with Northpointe Behavioral Healthcare (Mental Health), Trico Industries, and the Department of Human Services, to develop and implement a comprehensive individual program plan for each resident. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

In addition, the facility offers one-on-one outings, camping trips, birthday parties, and will encourage family involvement.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Kenneth Fayas, the licensee designee and administrator. Mr. Fayas submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Mr. Fayas has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 3 staff per 6 residents on the awake-shift, and 2 staff to 6 residents during the sleep shift.

The licensee (Mr. Kenneth Fayas) acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

D. Rule/Statutory Violations

None.

RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

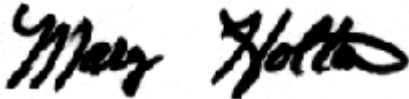


02/29/2016

Theresa Norton
Licensing Consultant

Date

Approved By:



03/01/2016

Mary E Holton
Area Manager

Date

