



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 18, 2016

James Pilot
Bay Human Services, Inc.
PO Box 741
3463 Deep River Rd
Standish, MI 48658

RE: Application #: AS520382182
Bay View
83 W. M-35
Gwinn, MI 49841

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 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 cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS520382182

Applicant Name: Bay Human Services, Inc.

Applicant Address: PO Box 741
3463 Deep River Rd
Standish, MI 48658

Applicant Telephone #: (989) 846-9631

Licensee Designee: James Pilot, Designee
Administrator Tara Gluski
Name of Facility: Bay View

Facility Address: 83 W. M-35
Gwinn, MI 49841

Facility Telephone #: (989) 846-9631
03/23/2016

Application Date:

Capacity: 6

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

II. METHODOLOGY

03/23/2016	Enrollment
05/18/2016	Application Incomplete Letter Sent
06/23/2016	Contact - Document Received Received policies procedures, right to occupy, floor plans and corporation information
08/09/2016	Inspection Completed On-site
08/09/2016	Inspection Completed-BCAL Full Compliance
08/18/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The single story home owned by Pathways Community Mental Health. Bay Human Services will be operating the home and providing care to residents. The home is located in Upper Michigan (Marquette County). The home is located in Gwinn Michigan across the street from the school. It is close to shopping centers and recreational opportunities.

This is an Adult Foster Care home is licensed for 6 residents who are mentally ill, developmentally disabled or aged. The Licensee Designee is James Pilot and the Administrator is Tara Gluski. The Licensee has submitted an application for special certification and will be granted a temporary certification upon the opening of this license.

The facility is handicap accessible with 2 approved means of egress the main entrance does not require a wheelchair ramp but the back entrance is fully equipped with wheelchair ramp. The facility has provided their program statement, admission and discharge policies and their house rules.

The home has four bedrooms with 2 bathrooms, one of the bathrooms is handicap accessible. All four bedrooms are adequate for double occupancy but bedroom 1 and bedroom 4 are designated for double occupancy.

Bedroom 1 14' 10"x12'5" or 184 sq. feet

Bedroom 2 8'x24'6" or 196 sq. feet

Bedroom 3 8'4"x19'10" or 165 sq. feet

Bedroom 4 11'x8'8" + 19'3"x11'4" or 314 sq. feet this room is "L" shaped

The Livingroom and dining area are located in the center of the home with an open concept.

Living room/ common area is 23'x25' or 575 sq. feet
Dining room is 15'x14'5" or 214.75 sq. feet

The furnace is located in the basement and is fully enclosed with the appropriate fire safety requirements.

A. Program Description:

The facility provides 24-hour supervision, protection and personal care for up to 6 residents over the age of 18 who mentally ill, developmentally disabled, traumatic brain injury, physically handicapped, and/or aged. There will be at least 2 staff person on duty at all times.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs.

The facility has been found in full compliance with fire safety and environmental health. A licensing record clearance was completed with no LEIN convictions. The facility has submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

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 applicants has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained.

The applicant acknowledges 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 applicants acknowledge their responsibility to maintain a

current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

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.

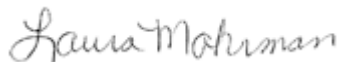
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

B. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this small adult foster care home with a capacity of 6 residents.

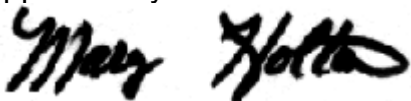


8/18/2016

Laura Mohrman
Licensing Consultant

Date

Approved By:



8/18/2016

Mary E Holton
Area Manager

Date