



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 20, 2016

Heather Nadeau
Our Haus, Inc.
PO Box 10
Bangor, MI 49013

RE: Application #: AS800384554
Katy Haus
209 Park Road
Bangor, MI 49013

Dear Ms. Nadeau:

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.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth Tindall".

Kenneth Tindall, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800384554
Applicant Name:	Our Haus, Inc.
Applicant Address:	30637 White Oak Drive Bangor, MI 49013
Applicant Telephone #:	(269) 427-5869
Administrator/Licensee Designee:	Heather Nadeau
Name of Facility:	Katy Haus
Facility Address:	209 Park Road Bangor, MI 49013
Facility Telephone #:	(269) 427-1084
Application Date:	08/23/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/23/2016	Enrollment Online enrollment
08/24/2016	Contact - Document Sent Rule & Act booklets
09/12/2016	Application Incomplete Letter Sent
09/21/2016	Application Complete/On-site Needed
09/21/2016	Inspection Completed On-site
09/21/2016	Inspection Completed-BCAL Sub. Compliance
10/17/2016	Inspection Completed On-site follow-up
10/19/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is located in a residential neighborhood in the village of Bangor. It is a single story structure with a full basement and attached 2-car garage. Residents will occupy the 1st floor only that includes a dining room, kitchen, staff office, living room, family room, two full bathrooms and three resident bedrooms. On file are proof of ownership, permission from property owners for department inspections and use as an adult foster care home, and a copy of the land contract that the applicant has with the property owners. The home is not wheelchair accessible.

My on-site inspections verified the home is in substantial compliance with rules pertaining to environmental health. The home has public water and sewer.

The home is in substantial compliance with rules pertaining to fire safety. The applicant submitted a written statement that the fireplace in the living room will not be used. There is a gas-fired furnace and water heater in the basement. Floor separation includes an approved self-closing fire door at top of basement stairs. On file is verification the interconnected smoke detection system was inspected and approved by a qualified service. Also on file is verification the furnace was inspected and approved by a qualified service.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'2" by 12'5"	213	2
2	12'9" by 11'2"	142	2
3	14'10" by 10'5"	154	2

The living, dining, and sitting room areas measure a total of 661 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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)** female ambulatory adults. The applicant also intends to provide specialized care to the mentally ill and developmentally disabled populations.

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 applicant's program statement indicates they will provide transportation for program and medical needs.

C. Applicant and Administrator Qualifications

The applicant is Our Haus, Inc., a domestic for profit corporation established in Michigan on 11/15/2006. 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 corporation appointed Heather Nadeau as licensee designee and administrator. Ms. Nadeau has extensive experience providing adult foster care and she satisfies the qualifications identified in the administrative group home rules.

On file is medical, TB, and criminal record clearances for Ms. Nadeau.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has

indicated that direct care staff will be awake during sleeping hours only if the resident's assessment plan requires it.

The applicant acknowledges 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 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.miltcpartnership.org) and the related documents required to be maintained in each employee's 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 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 acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant

acknowledges 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 resident's personal money transactions that have been agreed to be managed by the applicant.

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.

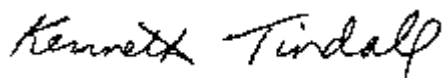
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 6).



10.19.2016

Kenneth Tindall
Licensing Consultant

Date

Approved By:



10/19/16

Betsy Montgomery
Area Manager

Date