



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 15, 2017

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

RE: Application #: AM290387051
Lumberjack
4894 Lumberjack
Riverdale, MI 48877

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 9 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 (517) 284-9720.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AM290387051
Applicant Name:	Bay Human Services, Inc.
Applicant Address:	PO Box 741 3463 Deep River Rd Standish, MI 48658
Applicant Telephone #:	(989) 846-9631
Administrator:	Tammy Unger
Licensee Designee:	James Pilot
Name of Facility:	Lumberjack
Facility Address:	4894 Lumberjack Riverdale, MI 48877
Facility Telephone #:	(989) 239-4749 02/13/2017
Application Date:	
Capacity:	9
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

02/13/2017	Enrollment
02/13/2017	SC-Application Received - Original
02/23/2017	Lic. Unit file referred for background check review
04/04/2017	Application Incomplete Letter Sent App-Page3,1326AFP/James,1326ANFP/Tammy.
04/04/2017	Contact - Document Sent Act&Rules.
04/14/2017	Contact - Document Received App-Page3.
04/21/2017	Comment Fire Safety/AM290377605,9/26/2016Item72.
04/21/2017	File Transferred To Field Office Mt. Pleasant.
05/31/2017	Application Incomplete Letter Sent
07/03/2017	Contact - Document Received Supporting documents of original license
08/01/2017	Comment-Inspection Report Requested-Health/ AM290377605
08/18/2017	Inspection Completed On-site
08/18/2017	Inspection Completed-BCAL Full Compliance
08/18/2017	SC-Inspection Completed On-Site
08/18/2017	SC-Inspection Full Compliance
08/28/2017	Comment Inspection Report Requested - Health/AM290377605
08/29/2017	SC-ORR Response Requested
08/29/2017	Inspection Completed-Env. Health : A Used Inspection from Renewal for previous licensee
08/18/2018	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility:

Bravo House is a single-story, ranch style facility located in the small town of Elm Hall, Michigan, in Gratiot County. The closest larger town with grocery, hospital, and other amenities is Alma, Michigan, which is approximately 20 minutes away from Elm Hall. The AFC facility has six resident bedrooms, a large resident living room, kitchen, staff office, dining room, small kitchenette for eating or visiting, two full bathrooms, one half bathroom, a covered front porch, and an open back deck located off of the dining room. The front exit and the exit located off of the dining room, both of which are main exits and are used during emergencies, are both wheelchair accessible and equipped with wheelchair ramps. The facility utilizes a private water and private sewage system. The Mid-Michigan Health Department conducted an inspection on 08/29/2017 and the facility received full compliance.

The natural gas furnace and electric water heater are located in the basement of the facility. Floor separation is created by a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware. The facility also has a back-up generator connected to the furnace, so in the event power is lost in the town the facility is never without power.

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. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules that occur specifically during a change in ownership. This is occurring with this facility at this time.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Room #1	10'0" x 9'0"	90 square feet	One Resident
Room #2	10'8" x 9'	96 square feet	One Resident
Room #3	12' x 13'6"	162 square feet	Two Residents
Room #4	9'9" x 23'	224.25 square feet	Two Residents
Room #5	11'4" X 20'6"	232.27 square feet	Two Residents
Room #6	10'6" x 11'	115.5 square feet	One Resident
Living Area	12'8" x 24'6"	310 square feet	
Dining Area	11'0" x 10'0"	110 square feet	

The indoor living and dining areas measure a total of 420 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

B. Program Description:

The applicant intends to provide 24-hour supervision, protection and personal care to nine female and male residents who are mentally ill and developmentally disabled. 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 facility does have a van to provide transportation to the residents. The applicant intends to accept referrals from Gratiot Integrated Health Network with whom they have an established contract. The applicant stated that Bay Human Services, Inc. is leasing the property from Gratiot Integrated Health Network and the lease states the applicant is able to fill resident's beds accordingly from Gratiot Integrated Health Network placements. A copy of the lease agreement is located in the licensing file.

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

In addition to the above program elements, the facility will support and assist the residents in participating in Special Olympics, the Great Center, ARC community events, church, bowling leagues, and community events and festivals. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Rule/Statutory Violations:

The applicant is Bay Human Services, Inc., 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. This facility is currently undergoing a change in ownership and was offered to Bay Human Services, Inc., after the previous licensee lost their contract with CMH. Consequently, this is an active facility with residents currently in care. Bay Human Services, Inc. have submitted documentation appointing James Joseph Pilot as the licensee designee and Tammy Unger as the administrator for this facility.

Criminal history background checks for James Joseph Pilot, licensee designee and Tammy Unger administrator, were completed and determined to be of good moral character to provide licensed adult foster care. Medical Clearance Requests were submitted and completed by a physician documenting good health and current negative tuberculosis test results for both James Pilot and Tammy Unger.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. James Pilot and Tammy Unger are currently the licensee designee and administrator for other AFC facilities across the State of Michigan and both have many

years of experience working with residents who are mentally ill and/or developmentally disabled.

The staffing pattern for the original license of this nine bed facility is adequate and includes a minimum of two staff for nine 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 acknowledged 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 or administrator 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 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 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 acknowledge 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 resident's 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.

IV. RECOMMENDATION:

I recommend issuance of a temporary license to this AFC adult medium group

facility with a capacity of nine (9) residents.

Bridget Vermeesch

09/14/2017

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

09/15/2017

Dawn N. Timm
Area Manager

Date