



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 16, 2017

Christine Bezotte  
1612 5th Street  
Bay City, MI 48708

RE: Application #: AF090384811  
Green Gables  
1612 5th Street  
Bay City, MI 48708

Dear Ms. Bezotte:

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 3 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 (810) 787-7031.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF090384811
<b>Applicant Name:</b>	Christine Bezotte
<b>Applicant Address:</b>	1612 5th Street Bay City, MI 48708
<b>Applicant Telephone #:</b>	(989) 751-4751
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Green Gables
<b>Facility Address:</b>	1612 5th Street Bay City, MI 48708
<b>Facility Telephone #:</b>	(989) 751-4751
<b>Application Date:</b>	09/06/2016
<b>Capacity:</b>	3
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

09/06/2016	Enrollment
09/08/2016	Contact - Document Received TB/Christine,MedClr&TB/Renee.
09/13/2016	PSOR on Address Completed
09/14/2016	Lic. Unit file referred for background check review CH-yes/Warner.
09/14/2016	Application Incomplete Letter Sent SOSupdate/Christine.
09/14/2016	Contact - Document Sent Act&Rules.
09/15/2016	Application Incomplete Letter Sent GMC Letter sent for Warner Bezotte.
11/03/2016	File Transferred To Field Office Flint/Saginaw.
12/02/2016	Application Complete/On-site Needed
02/24/2017	Inspection Completed On-site
02/24/2017	Inspection Completed-BCAL Sub. Compliance
06/28/2017	Inspection Completed On-site Licensee needs a new Physical.
07/06/2017	Comment Received update Physician Statement for licensee.
07/07/2017	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The property at 1612 5th Street, Bay City, Michigan, 48708 is located in Bay County. The home is a two-story wood house which is painted green and is being purchased on a Land Contract by Christina Bezotte, Marcella Ronquist and Renee Yuen. The home was built on a basement, and has a first and second level. The first level of the home consists of a living room, two bedrooms, dining room, and a full bathroom. The Family's private quarters is located on the second level and consists of two bedrooms, living room, dining room, and a full bathroom.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected on 08/11/2017 and was determined to be fully operational. Battery powered, single station smoke detectors have been installed near sleeping areas, in the living room and in the basement near the furnace and hot water heater. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NW #1	13'3" x 11'9"	155.69 sq. ft.	2
S #2	9'4" x 10'8" x 1'9"	99.56 sq. ft.	1

The living and dining room areas measure a total of 423 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate three (3) residents. This home is not wheelchair accessible. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory unisex adults, ages 18-99, whose diagnosis is aged, developmentally disabled and/or mentally ill and traumatically Brain Injured. Wheelchair users will not be accepted. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed and the applicant was determined to be in compliance with Public Act 218 and the licensing rules. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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.identogo.com](http://www.identogo.com)), (formerly L-1 Enrollment, by Morpho Trust) and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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 documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain 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.

#### **D. Rule/Statutory Violations**

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

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-3).



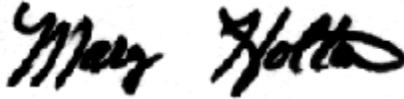
08/16/2017

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



08/30/2017

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Mary E Holton  
Area Manager

Date