



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 4, 2018

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

RE: Application #: AS090391446
Bangor
3501 Bangor Rd
Bay City, MI 48706

Dear Mr. Pilot:

Attached is the Original Renewal Certification Study Report for the above referenced facility. The study has determined substantial compliance with applicable certification statutes and administrative rules. Therefore, a regular certification is issued effective 03/14/2018 to serve persons with Mental Illness and Developmental Disabilities.

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, sweeping 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

License Application #: AS090391446

Applicant Name: Bay Human Services, Inc.

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

Applicant Telephone #: (989) 846-9631

Administrator/Licensee Designee: James Pilot

Name of Facility: Bangor

Facility Address: 3501 Bangor Rd
Bay City, MI 48706

Facility Telephone #: (989) 846-9631
11/16/2017

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

11/16/2017	Enrollment
11/21/2017	SC-Application Received - Original
11/27/2017	Application Incomplete Letter Sent Complete app, 1326 for admin and LD.
11/27/2017	Contact - Document Sent rule and act books
12/11/2017	Contact - Document Received 1326 & Completed app
12/11/2017	File Transferred To Field Office Saginaw
01/04/2018	Application Incomplete Letter Sent
03/08/2018	Application Complete/On-site Needed
03/08/2018	Inspection Completed-BCAL Sub. Compliance
03/08/2018	Inspection Completed On-site
03/12/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bangor Rd. is a ranch style group home that is located in a rural subdivision in the northern part of Bay City, Michigan. The home is owned by Bay County Building Authority and is being leased by Bay Human Services Inc. This home was previously leased to Central State Community Services, Inc. under license number AS090385160. This home was continuously licensed until the issuance of this license as Bangor (AS090391446) to Bay Human Services. Shopping, medical facilities, and access to other community-based services are available a short distance away in Bay City.

Bangor is a single-story ranch built on a cement slab. The natural gas forced air and hot water heater are located in a room that has a 1-hour-fire-resistance rating with a fire door equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected by Paul's Plumbing & Heating and was determined to be fully operational on 03/12/2018. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Bangor Rd. was at one time licensed as a medium group home under license number (AM090248870) and is sprinkled as required by the medium group home rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 NE	10' 9" X 14' 10"	153.69 sq. feet	1
#2 NW	10' 9" X 15' 4"	169.8 sq. feet	2
#3 SW	10' 9" X 15' 4"	169.8 sq. feet	1
#4 SE	10' 9" X 14' 10"	153.69 sq. feet	2

The living, dining, and sitting room areas measure a total of 380 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 **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)** male or female adults, ages 18 and above, whose diagnosis is developmentally disabled, physically handicapped, or mentally impaired, in the least restrictive

environment possible. The facility is wheelchair accessible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from Bay Arenac Behavioral Health.

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 licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Rule/Statutory Violations

The applicant is Bay Human Services, Inc., which is a Non Profit Corporation, was 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.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff- to- six residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges 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 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),

L-1 Identity Solutions™ (formerly Identix®), 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges 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 of the documents contained within each employee's file.

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 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 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.

D. Rule/Statutory Violations

Compliance with the applicable certification statutes and administrative rules related to the persons with Mental Illness and Developmental Disabilities 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 Special Certification to this AFC adult small group home (capacity 1-6).



04/04/2018

Anthony Humphrey
Licensing Consultant

Date

Approved By:

Mary E Holton
Area Manager

Date