



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 1, 2018

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

| | |
|--------------------|---|
| RE: Application #: | AS090395688 Rose Home 308 Ireland Auburn, MI 48611 |
|--------------------|---|

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 (810) 787-7031.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-------------------------------|--|
| License Application #: | AS090395688 |
| 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 |
| Administrator: | Tammy Unger |
| Name of Facility: | Rose Home |
| Facility Address: | 308 Ireland Auburn, MI 48611 |
| Facility Telephone #: | (989) 846-9631 |
| Application Date: | 08/03/2018 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|---|
| 08/03/2018 | Enrollment |
| 08/08/2018 | Contact - Document Received 1326 & AFC100 |
| 08/08/2018 | Contact - Document Sent Rule and act books |
| 08/08/2018 | File Transferred To Field Office Midland |
| 08/27/2018 | Application Incomplete Letter Sent |
| 09/12/2018 | Application Complete/On-site Needed |
| 09/19/2018 | Inspection Completed On-site |
| 09/19/2018 | Inspection Completed-BCAL Full Compliance |
| 10/01/2018 | Recommend License Issuance |

A. Physical Description of Facility

The property at 308 Ireland St. Auburn, MI 48611 is owned by County of Bay, Bay County Building Authority. Rose Home was previously leased to Central State Community Services, Inc. and they provided services from 06/10/2013 until the issuance of this license. The home is situated two blocks east of Garfield Rd. in Auburn, MI. The home is located in a rural area close to restaurants and shopping stores.

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 located at top of the stairs. The furnace was inspected on 09/11/2018 and was determined to be in working condition. 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.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|--|----------------------|---------------------|
| 1 SW | (16ft 11 in x 10ft 9 ½ in) – (5ft 4 in x 2ft 5 in) | 169.7 sq. ft. | 2 |

| | | | |
|---------|--|---------------|---|
| 2 NW | (10ft 6 in x 17 ft)- (2 ft 5 1/2 in x 5 ft 2 1/2 in) | 165.7 sq. ft. | 2 |
| 3 SE | 15ft 3in x10 ft 4 in | 157.6 sq. ft. | 1 |
| 4 NE | 15 ft x 10ft 5 in | 156.3 sq. ft. | 1 |

The living, dining, and sitting room areas measure a total of 553.5 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. This home is wheelchair accessible.

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 ambulatory adults whose diagnosis is mentally ill, developmentally disabled, and physically handicapped in the least restrictive environment possible. 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 Community Mental 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. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant’s credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant’s spouse who has outside employment.

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 lein 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 **6**-bed facility is adequate and includes a minimum of **2** staff –to- **6** 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 employees 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.

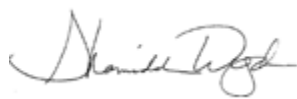
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 temporary license to this adult foster care small group home (capacity 1 -6).

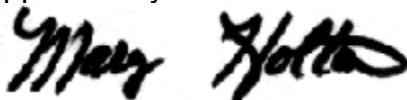


10/01/2018

Shamidah Wyden
Licensing Consultant

Date

Approved By:



10/01/2018

Mary E Holton
Area Manager

Date