



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 24, 2018

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

RE: Application #: AS730394416
Slatestone
101 Slatestone Drive
Saginaw, MI 48603

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 and special certification 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS730394416

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: Slatestone

Facility Address: 101 Slatestone Drive
Saginaw, MI 48603

Facility Telephone #: (989) 846-9631

Application Date: 05/21/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/21/2018	Enrollment
05/31/2018	Application Incomplete Letter Sent 1326 for James and Lice Info Req for Tammy
05/31/2018	Contact - Document Sent Rule and act books
06/14/2018	Contact - Document Received AFC100 for tammy & 1326 for James
06/14/2018	File Transferred to Field Office Saginaw
07/19/2018	SC-Application Received - Original
07/26/2018	Application Incomplete Letter Sent
08/21/2018	Application Complete/On-site Needed
08/21/2018	Inspection Completed On-site
08/21/2018	Inspection Completed-BCAL Full Compliance
08/24/2018	Recommend License Issuance
08/24/2018	Recommend Special Certification MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Slatestone is a one-story facility with a full basement. It consists of a front sitting room, living room, dining room, kitchen, four resident bedrooms, and two full bathrooms located on the main floor. The facility is wheelchair accessible. The facility is owned by Saginaw County Community Mental Health Authority and permission was granted for inspection of the home.

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. A furnace inspection was completed on October 4, 2017. The laundry room is located on the main floor of the home. The facility is equipped with a smoke detection system. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas.

The facility has public water and sewer system. The facility is also connected to the municipal water supply.

There are four resident bedrooms located on the main 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
Bedroom 1	15'3" x 10'9"	161 sq. ft.	1
Bedroom 2	14'11" x 10'10"	162 sq. ft.	2
Bedroom 3	14'10" x 10'9"	159 sq. ft.	2
Bedroom 4	15'5" x 10'10"	167 sq. ft.	1

The front sitting room, living room, and dining room areas measure a total of 490 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

Based on the above information, it is concluded that this facility can accommodate **six** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents' age eighteen and over, that are mentally ill, developmentally disabled, physically handicapped and traumatic brain injured. Residents will receive social and emotional support, positive guidance, supervision, and protection, from dedicated, compassionate and honest staff. The facility will provide a clean and caring environment enabling the residents to live, learn, and grow as individuals. Facility staff will meet the basic needs of each individual, as well as, those

who require more individualized attention. Residents will be provided and encouraged to participate in social activities and events.

C. Applicant and Administrator Qualification

Bay Human Services is the applicant and James Pilot has been assigned as the licensee designee of the facility. Tammy Unger has been assigned as the administrator of the facility. A criminal history background check was completed for Mr. Pilot and Ms. Unger and she has been determined to be of good moral character. Mr. Pilot and Ms. Unger submitted statements from a physician documenting their good health and current TB-tine negative results.

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

The supervision of residents in this small group home licensed for (6) residents will be the responsibility of the applicant 24 hours a day, 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 2 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](http://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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health

status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers 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, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the 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 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, the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

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 discharge written 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 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 an accident involving 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 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and administrative rules related to the physical plant. 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 and special certification to this AFC adult small group home (capacity 1-6).

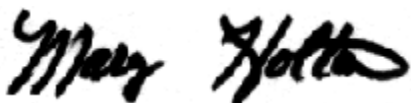


8/24/18

Christina Garza
Licensing Consultant

Date

Approved By:



8/24/18

Mary E Holton
Area Manager

Date