



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 30, 2019

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

RE: Application #: AL170399127  
**Meridian Heights**  
**1105 Meridian**  
**Sault Ste. Marie, MI 49783**

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 18 is issued effective June 1, 2019.

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 290-3428

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL170399127
<b>Applicant Name:</b>	Bay Human Services, Inc.
<b>Applicant Address:</b>	PO Box 741 3463 Deep River Rd Standish, MI 48658
<b>Applicant Telephone #:</b>	(989) 846-9631
<b>Licensee Designee:</b>	James Pilot, Designee
<b>Administrator</b>	Tammy Unger
<b>Name of Facility:</b>	Meridian Heights
<b>Facility Address:</b>	1105 Meridian Sault Ste. Marie, MI 49783
<b>Facility Telephone #:</b>	(906) 635-8806
<b>Application Date:</b>	3/18/2019
<b>Capacity:</b>	18
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

03/18/2019	Enrollment
03/18/2019	Contact - Document received Received an application for a MI and DD special certification
04/04/2019	Application Incomplete Letter Sent J. Joseph Pilot needs a new fingerprint - over 24 months old
04/18/2019	Contact - Document Sent I sent an email to Tammy Unger to let her know that The Licensee Designee, Mr. Pilot will need to be fingerprinted
05/09/2019	Inspection Completed-BCAL Full Compliance
05/09/2019	Inspection Completed On-site Environmental Health: A
05/13/2019	Contact – Document received I received a letter from Hiawatha Behavioral health requesting that their license be closed on May 31, 2019.
09/24/2018	Inspection Completed-Fire Safety : A
5/29/2019	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is large two-story home owned by Hiawatha Behavioral Health (HBH) located in Sault Ste. Marie. Hiawatha behavioral Health has been running the adult foster care home since 2001. HBH has contracted with Bay Human Services to run the adult foster care home. Bay Human Services will be operating the adult foster home beginning June 1, 2019. This license is being issued due to a change in ownership of the adult foster care business but not the property.

This Adult Foster Care home is licensed for 18 residents who are developmentally disabled or mentally ill. The home is located in Upper Michigan's (Chippewa County). The facility is handicap and wheelchair accessible on the first floor which can accommodate up to 6 of the 18 residents. The facility has provided their program statement, admission and discharge policies and their house rules. They have also provided training information that they will be using to train staff. The staff that were employed by HBH have been interviewed and many of the current staff will become employees of Bay Human Services.

The home is located in the center of town near Lake Superior State college. The home is very close to the community hospital, shopping centers and recreational opportunities.

The home is a 10-bedroom home with 8 of the bedrooms having double occupancy. Bedrooms 1-4 are located on the first floor and all 4 bedrooms have their own handicap accessible bathroom. The other 6 bedrooms are located on the second floor and there is a bathroom located in between bedrooms 5 and 6, between 7 and 8 and between 9 and 10.

Bedroom 1	12' x 8'5" or 102 sq. feet	Single occupancy
Bedroom 2	14'8"x 9'6" or 142 sq. feet	Single occupancy
Bedroom 3	13' x 21'8" or 283 sq. feet	Double occupancy
Bedroom 4	13' x 21.8" or 283 sq. feet	Double occupancy
Bedroom 5	13'2"x11'8" or 156 sq. feet	Double occupancy
Bedroom 6	13'2"x11'8" or 156 sq. feet	Double occupancy
Bedroom 7	13'2"x11'8" or 156 sq. feet	Double occupancy
Bedroom 8	13'2"x11'8" or 156 sq. feet	Double occupancy
Bedroom 9	13'4"x11'8" or 158 sq. feet	Double occupancy
Bedroom 10	13'2"x11'8" or 158 sq. feet	Double occupancy

The Living room/ common area is 16' 7"x 29' or 484 sq. feet. The dining room is 16.7'11"x 18' or 301 sq. feet. The activity room/common area measures 21' x 26' or 546 sq. feet. There is a great deal of common area that allows the residents to engage in many different activities.

The furnace is located in the back part of a storage room located on the main floor. The furnace fully enclosed with the appropriate fire safety requirements. The boiler was inspected by Lara construction codes/boiler division on 2/23/2018 and does not require a new inspection until 2/23/2021.

## **B. Program Description**

The facility provides 24-hour supervision, protection and personal care for up to 18 male and female residents over the age of 18 who are aged developmentally disabled or mentally ill. The Licensee has submitted an application for special certification and a temporary certification will be granted when the license is issued.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

### **C. Applicant and Administrator Qualifications**

The Licensee Designee is James Pilot and Administrator is Tammy Unger. A licensing record clearance was completed with no LEIN convictions for the licensee designee and administrator. The submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

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 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 applicants have indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained.

The applicant acknowledges 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 applicants acknowledge 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 written and verbal reporting of incidents and accidents and the responsibility to conduct an 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 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 related to the physical plant at the time of licensure. 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, with a special certification for MI and DD, effective 6/01/2019, to this large adult foster care home with a capacity of 18 residents.

*Laura Mohrman*

05/29/2019

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Laura Mohrman  
Licensing Consultant

Date

Approved By:

*Mary Holton*

05/30/2019

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Mary E Holton  
Area Manager

Date