



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 25, 2019

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

RE: Application #: AS770400675
Stepping Stone
240 New Delta Ave
Manistique, MI 49854

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 effective 10/01/2019.

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 black ink that reads "Theresa Norton".

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS770400675
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, Designee
Administrator:	Tammy Unger
Name of Facility:	Stepping Stone
Facility Address:	240 New Delta Ave Manistique, MI 49854
Facility Telephone #:	(906) 341-6767
Application Date:	07/05/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/05/2019	Enrollment
07/10/2019	Contact - Telephone call received Email from Tammy Unger, Administrator.
07/15/2019	Contact - Telephone call made Email to Tammy Unger, Administrator.
07/17/2019	Application Incomplete Letter Sent needs updated 1326 for J. Joseph and Tammy
07/29/2019	Contact - Document Received Driver's license and clearance forms received.
08/28/2019	Contact - Document Received Letter from Daniel McKinney, CEO, HBHS.
09/05/2019	Inspection Completed On-site
09/05/2019	Inspection Completed-BCAL Full Compliance
09/09/2019	Contact - Document Received Furnace inspection received.
09/23/2019	PSOR on Address Completed
09/25/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, single-story home built in 2000. It is located in the city of Manistique. The home is currently a licensed AFC Home (Stepping Stone - License # AS770095877) since 2001 and the Licensee is Hiawatha Behavioral Health. Hiawatha Behavioral Health has entered into a contract with Bay Human Services to manage and operate the proposed Adult Foster Care home. There is a letter on file from CEO Daniel McKinney requesting withdrawal of the existing license when licensure is granted to Bay Human Services.

The property sits in a residential setting, but is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. The home is owned by Hiawatha Behavioral Health and is being leased to Bay Area Human Services. A letter signed by Daniel McKinney, CEO, Hiawatha Behavioral Health, indicating the right to occupy was submitted and is maintained in the file. The original warranty deed is also on file.

The single-story home has 2128 square feet and is totally handicapped accessible. There are 4 approved bedrooms. The home has a large kitchen and dining combined area. The home has an open concept with ample living areas including a large landscaped yard and patio area. There are 2 full resident bathrooms both which have shower/tub facilities. The home is very neat, clean and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	158 sq. ft.	Approved capacity 1
Bedroom #2	182 sq. ft.	Approved capacity 2
Bedroom #3	172 sq. ft.	Approved capacity 1
Bedroom #4	182 sq. ft.	Approved capacity 2

The home has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The facility has an interconnected smoke detection system that is serviced by on a yearly basis by Superiorland Electronics. The home is serviced with municipal water and sewage.

The final heating unit/furnace was inspected by Brazda's Heating and Refrigeration, on 09/04/2019 and the unit was found to be in proper and good working order.

B. Program Description

The facility provides 24-hour supervision, protection and personal care for up to 6 residents over the age of 18 who mentally ill, developmentally disabled, and physically handicapped. (All current residents will remain in the home during the license transition.)

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.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. James Pilot, the licensee designee. Mr. Pilot submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Mr. Pilot has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Tammy Unger will serve as the Administrator and has also submitted the required documents.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 2 staff per 6 residents on the awake-shift and 2 staff to 6 residents during the sleep shift.

The licensee acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

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 to this AFC adult small group home (capacity 6).

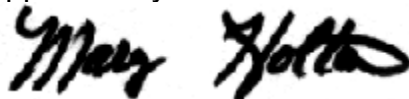


09/25/2019

Theresa Norton
Licensing Consultant

Date

Approved By:



09/25/2019

Mary E Holton
Area Manager

Date