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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 12, 2020

Heather Nadeau
Our Haus, Inc.
PO Box 10
Bangor, MI 49013

RE: Application #: AS800403925
Robert Riemer Haus
408 Division St.
Bangor, MI 49013

Dear Ms. Nadeau:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800403925
Applicant Name:	Our Haus, Inc.
Applicant Address:	30637 White Oak Drive Bangor, MI 49013
Applicant Telephone #:	(269) 214-8350
Administrator	Heather Nadeau
Licensee Designee:	Heather Nadeau
Name of Facility:	Robert Riemer Haus
Facility Address:	408 Division St. Bangor, MI 49013
Facility Telephone #:	(269) 214-8350
Application Date:	03/11/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/11/2020	Enrollment Online enrollment
03/11/2020	Contact - Document Sent Act booklet
03/11/2020	Application Incomplete Letter Sent App - Corrected; IRS ltr; 1326, RI-030, & FPs for Heather; AFC 100 for admin
03/16/2020	Contact - Document Received App - Corrected; 1326 & 100 for Heather (LD & Admin)
06/08/2020	Contact - Document Received IRS ltr
06/10/2020	Application Incomplete Letter Sent
06/11/2020	Contact - Document Received Received multiple documents via email for original.
06/11/2020	Application Complete/On-site Needed
07/30/2020	Inspection Completed On-site
07/30/2020	Contact – Document Received Ownership information received
07/31/2020	Inspection Completed – BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story home built in 1900 located in downtown Bangor next to the local police station and within walking distance to the library, shops, restaurants, and parks.

The main level of the facility opens to the facility's living and dining room. Off the living room is the facility's kitchen and the main level bathroom, which includes a tub and shower. The facility's laundry room is also located off the kitchen on the back of the house. Through this laundry room is the facility's second means of egress.

Two resident bedrooms are located off the living room, in addition to a staff office. Bedroom two is located adjacent to the staff office and has an exterior door in it, which

leads to a wheelchair ramp. This door will not be utilized as a primary or secondary means of egress within the home due to its location within a resident bedroom. In addition, the wheelchair ramp, while in good condition and physically sound, is not long enough for wheelchair use. The facility has a wheelchair ramp off the front of the facility, but it does not have a second, approved wheelchair ramp or means of egress that is at grade, and therefore, the facility is not wheelchair accessible.

Also, off the living room are the stairs leading to the second level of the facility. The second level contains two additional resident bedrooms, a small open common area at the top of the stairs, a recreational room, and a bathroom, which has a toilet, sink, and stand up shower.

The gas furnace and hot water heater are located in the basement, which is located off the facility's kitchen, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The furnace was inspected and deemed fully operational. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is also fully operational. The facility has a total of nine smoke detectors throughout the house, which includes the basement.

Due to the facility being in a residential area, it utilizes a public water and septic system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'10" x 15'8"	179 sq. ft	1 or 2
2	11'3" x 15'9"	165 sq. ft	1 or 2
3	(9'2" x 11'5") – (1'10" x 6')	95 sq. ft	1
4	21'8" x 8'2"	177 sq. ft	1 or 2

The living, dining, and sitting room areas measure a total of 359 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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 ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from local Department of Health and Human Services, local Community Mental Health agencies and/or private pay individuals as a referral sources.

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 is Our Haus, Inc., which is a "For Profit Corporation" was established in Michigan, on 11/15/2006. 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.

The Board of Directors of Our Haus, Inc. have submitted documentation appointing Heather Nadeau as Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined the applicant is of good moral character and eligible for employment in a licensed adult foster care facility. Heather Nadeau submitted a statement from a physician documenting her good health and current negative TB results.

Ms. Nadeau, the licensee designee/administrator, has extensive experience providing adult foster care to mentally ill and developmentally disabled adults. She has been the owner/operator and licensee designee/administrator for Our Haus, Inc for over 25 years and currently operates five adult foster care facilities. Ms. Nadeau has the qualifications and training requirements identified in the administrative group home rules. The licensee designee/administrator 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 1 staff to 6 residents per shift. The applicant acknowledges the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated direct care staff will not be awake during sleeping hours, but this could change depending on the needs of the residents.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

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.

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

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1-6).



07/31/2020

Cathy Cushman
Licensing Consultant

Date

Approved By:



08/12/2020

Dawn N. Timm
Area Manager

Date