



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 8, 2020

Cyndi Blair, Applicant
Health West Crisis Residential Center
376 E. Apple Ave.
Muskegon, MI 49442

RE: Application #:	AS610404686 Health West Crisis Residential Center 1364 Terrace St. Muskegon, MI 49442
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Dear Ms. Blair:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610404686
Applicant Name:	Muskegon County
Applicant Address:	Muskegon Co Bldg. Muskegon, MI 49442
Applicant Telephone #:	(231) 724-3628
Administrator/Licensee Designee:	Cyndi Blair, Designee
Name of Facility:	Health West Crisis Residential Center
Facility Address:	1364 Terrace St. Muskegon, MI 49442
Facility Telephone #:	(231) 724-6040
Application Date:	06/05/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/05/2020	Enrollment
06/05/2020	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Cynthia Blair
07/30/2020	Contact - Document Received 1326/Fingerprint for Cynthia Blair
07/30/2020	File Transferred To Field Office Grand Rapids
08/04/2020	Contact - Face to Face
08/04/2020	Inspection Completed On-site Initial walk through conducted with Cyndi Blair, HW applicant and Jim Tyler, property manager.
08/12/2020	Inspection Completed On-site With Grant Sutton, Cyndi Blair, Building maintenance.
08/12/2020	Inspection Completed-BCAL Sub. Compliance
08/13/2020	Confirming Letter Sent
08/31/2020	Inspection Completed On-site
08/28/2020	Contact - Face to Face Walked thru again with Cyndi Blair, still some corrections on the confirming letter that need to be made.
09/04/2020	Contact-Documents Received Cyndi Blair-documentation of corrections.
09/08/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The HealthWest Crisis Residential Center is located in a large unoccupied building that used to be the County's Child Haven Center. HealthWest Crisis Residential Center will occupy only a portion of the one level building and the rest of the building will remain unoccupied at this time. Entry to the Crisis Residential Center will be on the South side of the building where there is a large ramp spanning down the building, covering two doors to accommodate persons who require the use of a wheelchair. The Crisis Residential Center is located in a residential neighborhood in downtown Muskegon. As

you enter the crisis center, there are three hallways that make up the crisis center with four (4) resident bathrooms and six (6) resident rooms. The 4 resident bathrooms are 2 for both male and female use and then one that is for male use only and has showers that accommodate wheelchair users and another for female use only that also has showers to accommodate wheelchair users. You will enter the hallway between the two large male/female bathrooms and the assessment center will be directly ahead, to the right is a hall that takes you to a full-sized gym where residents will be able to access equipment to exercise. Slightly to the left upon entering the facility and then right down a hall is a large kitchen and dining room. As you enter the facility and turn left, there are three resident bedrooms located along this hall and then there is a large living room area for resident use with a resident bathroom off the living room and another large reception area. Finally, beyond the living area, there are three more resident rooms and another resident bathroom. Interspersed among the resident rooms are staff offices. This building is wheelchair accessible and has 2 approved means of egress both exiting off the south side of the building onto one large ramp that spans the length of two doors. The facility utilizes public water and sewage systems.

The gas furnace is located on the main floor off the reception area of the facility. The gas furnace is enclosed in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1 ¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware. The hot water heater is 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 facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	8.68X11.66	100.50	1
2	13.42X11.66	156.47	1
3	11.75X9.42	110.68	1
4	12.08X9.50	114.76	1
5	10.0X12.08	120.8	1
6	8.83X11.42	100.83	1

The living, dining, and sitting room areas measure a total of 400 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** 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 Muskegon County-DHHS (and surrounding counties), Muskegon County CMH (and surrounding counties), or private pay individuals as a referral source.

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 transportation for program and medical needs as specified in the Resident Care Agreement. 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 Muskegon County, Inc., which is a "Non-Profit Corporation" was established in Michigan, on 02/04/1959. 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 Muskegon County, Inc. have submitted documentation appointing Cynthia Blair as Licensee Designee for this facility and Cynthia Blair as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant 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. The applicant acknowledges that 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 that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 6).

Elizabeth Elliott

09/08/2020

Elizabeth Elliott
Licensing Consultant

Date

Approved By:

Jerry Hendrick

09/08/2020

Jerry Hendrick
Area Manager

Date