



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 1, 2020

Paula Ott  
Central State Community Services, Inc.  
Suite 201  
2603 W Wackerly Rd  
Midland, MI 48640

RE: Application #: AS760405296  
**Harrington Farm**  
**120 Custer Street**  
**Sandusky, MI 48471**

Dear Ms. Ott:

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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS760405296
<b>Applicant Name:</b>	Central State Community Services, Inc.
<b>Applicant Address:</b>	Suite 201 2603 W Wackerly Rd Midland, MI 48640
<b>Applicant Telephone #:</b>	(989) 631-6691
<b>Administrator/Licensee Designee:</b>	Paula Ott
<b>Administrator:</b>	Margaret Guitar
<b>Name of Facility:</b>	Harrington Farm
<b>Facility Address:</b>	120 Custer Street Sandusky, MI 48471
<b>Facility Telephone #:</b>	(810) 537-5044
<b>Application Date:</b>	08/05/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

08/05/2020	Enrollment
08/06/2020	Application Incomplete Letter Sent 1326 for Paula Ott, AFC 100 for Margaret Guitar
08/06/2020	Contact - Document Sent forms sent
08/27/2020	Contact - Document Received Outdated 1326a, AFC 100
09/08/2020	Application Incomplete Letter Sent
09/18/2020	Inspection Completed On-site
09/23/2020	Contact - Document Received Received necessary paperwork
09/29/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The property at 120 Custer Street, Sandusky, Michigan is located in the City of Sandusky. The home is a single-story ranch style house. The owner of the property is Sanilac County Community Mental Health, and is being leased to Central State Community Services, Inc. The home contains ten bedrooms and the six bedrooms on the south end will be licensed. The home also contains a kitchen, dining area, living area and two full bathrooms. This home was previously licensed as Parkview AFC (AS760351030), which was closed on November 4, 2015. This home was again licensed as Harrington Farms (AS760379540) on November 9, 2015 and closed on September 30, 2020.

The furnace and hot water heater are located in a partial basement with a 1¾ -inch solid core door equipped with an automatic self-closing device with positive latching hardware located on the outside of the facility. The furnace was inspected on October 24, 2019 and determined to be fully operational. The facility has central air conditioning. The facility is equipped with interconnected, hardwired smoke detection system, with battery back-up, 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 West	11' X 10'	110 sq. feet	1
#2 SW	10' X 9'	90 sq. feet	1
#3 South	10' X 9'	90 sq. feet	1
#4 South	10' X 9'	90 sq. feet	1
#5 SE	10' X 9'	90 sq. feet	1
#6 SE	11' X 10'	110 sq. feet	1

**Total capacity: 6**

The living, dining, and sitting room areas measure a total of 468 square feet of living space. This exceeds the minimum of 35 square feet per resident 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 adults, ages 18 and up, whose diagnosis is developmentally disabled or mental illness, in the least restrictive environment possible. This facility is wheelchair accessible and wheelchair users will be used. 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. Residents will be referred from Community Mental Health Authority, hospitals, and nursing homes.

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. Rule/Statutory Violations**

The applicant is Central State Community Services, Inc., which is a Domestic Non-Profit Corporation, and was established in Michigan, on 10/30/1984. 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 Central State Community Service, Inc., has submitted documentation appointing Paula Ott as Licensee Designee and Margaret Guitar as Administrator for this facility.

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

The licensee designee and administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Licensee Designee Paula Ott and Administrator Margaret Guitar have all of the required training as required by licensing rules. Ms. Ott has more than eight years and Ms. Guitar has more than 20 years of experience working with mentally ill and developmentally disabled individuals.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two-staff-to six residents per shift. All staff shall be awake during sleeping hours.

Licensee Designee Paula Ott acknowledges 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.

Licensee Designee Paula Ott 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Licensee Designee Paula Ott 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.

Licensee Designee Paula Ott 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 volunteer and the retention schedule for all of the documents contained within each employee's file.

Licensee Designee Paula Ott 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.

Licensee Designee Paula Ott 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.

Licensee Designee Paula Ott acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Licensee Designee Paula Ott 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.

Licensee Designee Paula Ott 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**

Licensee Designee Paula Ott was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

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

*Kathryn Huber*

09/30/2020

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Kathryn A. Huber  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

10/01/2020

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Denise Y. Nunn  
Area Manager

Date