



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 25, 2021

Mary Fussman  
Central Michigan Non Profit Housing  
P.O. Box 631  
Mt. Pleasant, MI 488040631

RE: Application #: AM370404603  
**McVey Street Home**  
**901 McVey**  
**Mt Pleasant, MI 48858**

Dear Mrs. Fussman:

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 12 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 cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM370404603
<b>Applicant Name:</b>	Central Michigan Non Profit Housing
<b>Applicant Address:</b>	PO Box 631 901 McVey St Mt Pleasant, MI 48858
<b>Applicant Telephone #:</b>	(989) 772-0574
<b>Administrator/Licensee Designee:</b>	Mary Fussman
<b>Name of Facility:</b>	McVey Street Home
<b>Facility Address:</b>	901 McVey Mt Pleasant, MI 48858
<b>Facility Telephone #:</b>	(989) 772-3359
<b>Application Date:</b>	05/19/2020
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

05/19/2020	Application Received Original
05/19/2020	Fee Received Original \$170.00. Check # 23255
05/19/2020	Enrollment
05/27/2020	Application Incomplete Letter Sent 1326 & RI030 for Denise, verified SSN for Mary
05/27/2020	Inspection Report Requested - Fire
05/27/2020	Contact - Document Sent Fire Safety String, 1326 & RI030
06/17/2020	Contact - Document Received 1326 for Mary, AFC100 for Mary, received RI030, but fingerprints were not completed
07/08/2020	Contact - Document Received Ri030 for Mary
07/14/2020	File Transferred To Field Office Mt Pleasant
07/24/2020	Inspection Completed-Fire Safety : A
10/21/2020	Application Incomplete Letter Sent
12/07/2020	Contact - Document Received – admission policy, budget, contract, discharge policy, refund policy, program statement, proof of ownership, TB test results for Mary Fussman
12/28/2020	Contact - Document Received – special use permit, designation of responsible person, floor plans, medical/TB clearance for Mary Fussman, organizational chart, standard/routine procedures, staffing pattern, personnel policies, job descriptions, current CPR for Mary Fussman and resume documenting required qualifications for Mary Fussman
01/08/2021	Inspection Completed On Site – virtual due to COVID 19 protocol
01/08/2021	Inspection Completed-BCAL Full Compliance
01/11/2021	SC-Application Received - Original

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

McVey Street Home is a brick, ranch-style home located in a subdivision in the city of Mount Pleasant near the campus of Central Michigan University. The facility is a one-level home with no basement. The home contains eight resident bedrooms and four resident bathrooms located on the main level of the home. The living room, dining room, and kitchen are centrally located on the main level of the home. The home also consists of a recreation room for residents, a laundry room, office, and attached garage. There is a large outdoor patio where residents can sit and a parking lot to accommodate staff and visitors. The home is wheelchair accessible and has three exits at grade at the front, east, and west sides of the facility. The home utilizes a public water supply and sewage disposal system.

The facility is equipped with two gas furnaces and two gas water heaters located in two separate utility rooms on the main floor of the home. The utility rooms are constructed of material that has at least a 1-hour-fire-resistance rating and equipped with a fire-rated metal door hung in a fully stopped frame with an automated self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is fully sprinkled. The facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on July 24, 2020.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' 0" x 15' 6"	156	Two
2	10' 0" x 15' 6"	156	Two (Currently used as single)
3	10' 0" x 15' 6"	156	Two
4	12' 0" x 17' 0"	204	Two
5	12' 0" x 17' 0"	204	Two
6	11' 0" x 17' 0"	187	Two (Currently used as single)
7	12' 0" X 9' 0"	108	One
8	22' 0" X 9' 0"	198	One

The indoor living and dining areas measure a total of 704 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 12 male or female residents who are developmentally disabled or mentally ill. The program strives to provide a home-like environment and maximize ways to help residents interact within the community around them. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, and transportation. The applicant intends to care for residents with a wide variety of needs and will accommodate residents who require assistance with all activities of daily living, residents who require assistance from two staff members for mobility, residents with seizure disorders, residents who require the full time use of a wheelchair and residents who require use of a Hoyer lift for transfers. The applicant stated staff members will be trained to redirect residents who engage in property destruction but cannot care for residents who are physically aggressive. The applicant intends to accept referrals from Community Mental Health.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local shopping centers, restaurants, parks, and a variety of entertainment and enrichment activities at the local university. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

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

The applicant is Central Michigan Non Profit Housing, a "Non Profit Corporation", established in Michigan in November 1979. 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 members of Central Michigan Non Profit Housing have submitted documentation appointing Mary Fussman as licensee designee and administrator of the facility.

Criminal history background checks of Ms. Fussman were completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Fussman submitted a statement from a physician documenting her good health dated

December 18, 2020 and current negative tuberculosis test results dated October 3, 2018.

Ms. Fussman provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Fussman has been employed at Central Michigan Non Profit Housing for over 30 years and has completed a variety of responsibilities and duties from direct care to administrative and financial oversight of three licensed homes that care for individuals with developmental disabilities and mental illnesses. Ms. Fussman has been acted as licensee designee and administrator for three homes since 2001 and has maintained the licenses in good standing. Ms. Fussman submitted documentation that indicated she graduated from high school and has been formally trained in many topics including nutrition, first aid, cardiopulmonary resuscitation, safety and fire prevention, resident rights and prevention and containment of communicable diseases. Ms. Fussman submitted documentation accounting 40 years of experience working with individuals diagnosed with developmental disabilities and mental illness which included developing an understanding of foster care as defined in the act and knowledge of the needs of the population to be served.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of two staff for 12 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care medium group home with a capacity of 12 residents.

*Leslie Herrguth*

01/15/21

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Leslie Herrguth  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

01/25/2021

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Dawn N. Timm  
Area Manager

Date