



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 17, 2024

Jill Lebourdais  
Bay City CRU, LLC  
3085 Hallmark Court Suite  
Saginaw, MI 48603

RE: Application #: AS090418446  
Bay City CRU, LLC  
3282 E North Union Rd  
Bay City, MI 48706

Dear Jill Lebourdais:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS090418446
<b>Applicant Name:</b>	Bay City CRU, LLC
<b>Applicant Address:</b>	3085 Hallmark Court Suite Saginaw, MI 48603
<b>Applicant Telephone #:</b>	(989) 493-1451
<b>Administrator:</b>	Dan Burow
<b>Licensee Designee:</b>	Jill Lebourdais
<b>Name of Facility:</b>	Bay City CRU, LLC
<b>Facility Address:</b>	3282 E North Union Rd Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 493-1451
<b>Application Date:</b>	04/29/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/29/2024	Enrollment
04/29/2024	Application Complete/On-site Needed
05/01/2024	Application Incomplete Letter Sent Request 1326, AFC100, IRS letter and Corps info
05/01/2024	PSOR on Address Completed
05/01/2024	Contact - Document Sent forms sent
05/17/2024	Contact - Document Received 1326, AFC100 and org docs
05/20/2024	File Transferred To Field Office
06/03/2024	Application Incomplete Letter Sent
07/29/2024	Inspection Completed On-site
07/29/2024	SC-Inspection Completed On-Site
07/29/2024	Inspection Completed-BCAL Full Compliance
07/29/2024	SC-Inspection Full Compliance
10/09/2024	SC-ORR Response Requested
10/09/2024	SC-Application Received – Original
10/09/2024	SC-ORR Response Received-Approval
10/17/2024	Recommend License Issuance
10/17/2024	SC-Recommend MI and DD

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This small adult foster care facility is a ranch styled home located in a semi-rural residential setting is located at 3282 E North Union Rd, Bay City, Michigan 48706 and is owned by Deshano Construction Company and will be leased by Bay City CRU, LLC. The Lease Agreement has become part of the licensing file as well as a contract to provide specialized services for its population. This home is in Bangor Township and near shopping and other resources. There is adequate parking for visitors and/or emergency vehicles and is serviced by municipal water and sewer.

This home is equipped with living room, dining room, kitchen, group room sitting room and three double-occupancy resident bedrooms. There are two full bathrooms on the main floor, one of which has a shower and the other a bathtub. There are three useable means of egress in the home that are wheelchair accessible. The heating plant and hot water heater is located in the basement which has a floor separation. The furnace was inspected and approved by a licensed heating and cooling company on 05/07/2024. The entrance to the basement is locked, but non-locking against egress.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' x 18'	198	2
2	11' x 18'	198	2
3	11' x 16'	176	2

The living room, dining room, kitchen, Group Room and Sitting areas measure a total of 1056 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 ten 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 male and/or female adults whose population is Developmentally Disabled and/or Mentally Ill, 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. Residents will be referred from clinics and

hospitals, medical care facilities, commissions on aging, waiver programs and the general public.

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 arrange or 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 Bay City CRU, LLC. 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.

Bay City CRU, LLC has named Jill Lebourdais as the Licensee Designee and Dan Durow is the Administrator of this facility. A licensing record clearance request was completed with no lein convictions and was approved. The Applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Jill Lebourdais 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 two staff for 6 residents per shift. All staff shall be awake during sleeping hours.

Jill Lebourdais 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.

Jill Lebourdais acknowledges 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)), and the related documents required to be maintained in each employee's record to demonstrate compliance.

Jill Lebourdais 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, this 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.

Jill Lebourdais 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, this 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.

Jill Lebourdais acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. This applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

Jill Lebourdais 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. This 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.

Jill Lebourdais acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Jill Lebourdais 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, this 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.

Jill Lebourdais 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**

The applicant was in compliance with the licensing act and applicable administrative rules 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 and special certification to this adult foster care small group home (capacity 3-6).



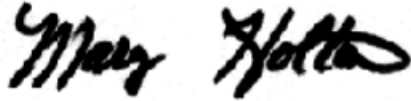
10/17/2024

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



10/17/2024

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Mary E Holton  
Area Manager

Date