



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

July 9, 2010

Luanne Guiliani, Administrator  
Northpointe Behavioral Healthcare Systems  
715 Pyle Drive  
Kingsford, MI 49802

RE: Application #: AM220301783  
Pines  
165 Pyle Drive  
Kingsford, MI 49802

Dear Ms. Guiliani:

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 8 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (906) 226-4171.

Sincerely,

Theresa Norton, Licensing Consultant  
Bureau of Children and Adult Licensing  
305 Ludington St  
Escanaba, MI 49829  
(906) 789-4606

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM220301783
<b>Applicant Name:</b>	Northpointe Behavioral Healthcare Systems
<b>Applicant Address:</b>	715 Pyle Drive Kingsford, MI 49802
<b>Applicant Telephone #:</b>	(906) 774-0522
<b>Administrator/Licensee Designee:</b>	Luanne Guiliani, Administrator
<b>Name of Facility:</b>	Pines
<b>Facility Address:</b>	165 Pyle Drive Kingsford, MI 49802
<b>Facility Telephone #:</b>	(906) 779-2143
<b>Application Date:</b>	04/20/2009
<b>Capacity:</b>	8
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED MENTALLY ILL

## II. METHODOLOGY

The facility is currently licensed as a small group home (AS220246132) (capacity 6). The Administrator requested on 04/14/2009 to increase the capacity of the home from six to eight residents. There is a letter on file requesting withdrawal of the small group license when licensure is granted for the medium group home.

**PLEASE NOTE:** The facility houses a resident (Resident A) who uses a Vail 1000 bed. On 06/29/2000, Northpointe Behavioral Healthcare Systems requested a variance to Rule 400.14308(2)(d), which states,

### **R400.14308 Resident behavior interventions prohibitions**

(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:

(d) Confine a resident in an area, such as a room, where egress is prevented, in a closet, or in a bed, box, or chair or restrict a resident in a similar manner.

On 11/05/2001, a waiver for Rule 400.14308(2)(d), signed by the Director of the Department , was granted to the facility. The conditions of the waiver specify it only applies to Resident A, Resident A's medical condition does not change, the style and the model of the Vail 1000 bed remains unchanged, Resident A's parents sign a consent form for use of the bed and the consent form is maintained by the licensee.

04/20/2009	Enrollment
05/13/2009	Inspection Completed-Env. Health : A
07/10/2009	Inspection Report Requested - Fire
08/05/2009	Inspection Report Requested - Fire
06/16/2010	Inspection Completed On-site
06/16/2010	Inspection Completed-BCAL Full Compliance
07/06/2010	Inspection Completed-Fire Safety : A
07/14/2010	Inspection Completed-Env. Health : A

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The facility is owned by Northpointe BHS. A copy of the real estate purchase agreement is on file.

The facility is a large ranch-style home located within the city of Kingsford. It is centrally located to schools, parks, and shopping areas. The home is neat, clean, and comfortably furnished. The home consists of two large living rooms at the front of the home, the kitchen, dining room, and laundry room. The north side of the home consists of the resident's bedrooms and two full bathrooms. Bedrooms have the following dimensions:

Bedroom #1	173 sq. ft.	Approved Capacity 2
Bedroom #2	173 sq. ft.	Approved Capacity 2
Bedroom #3	154 sq. ft.	Approved Capacity 2
Bedroom #4	154 sq. ft.	Approved Capacity 2

This facility has the square footage necessary to accommodate up to 8 residents as requested on the application. The facility is fully equipped with required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The facility is located within the city of Kingsford and is serviced with municipal water and sewage. The Bureau of Fire Safety conducted a final inspection on 07/06/2010. The facility was found to be in compliance with the rules.

#### **B. Program Description**

The facility proposes to serve adults that are Developmentally Disabled and Mentally Ill. The admission policies, program statements, discharge policy, refund policy, personnel policies, and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The facility will encourage family involvement and social activities. The program will also promote and encourage cooperation, self-direction, independence and normalization.

Transportation to local medical appointments will be provided by the home as needed.

## **Licensee and Administrator Qualifications**

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

The licensee designee/administrator has 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 8-bed facility is adequate and includes a minimum of 2 staff to 8 on all shifts.

The licensee acknowledged 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.

The licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensees expressed that FBI fingerprinting and the Michigan State Police LEIN system will be utilized as the process to identify criminal history when assessing good moral character.

The licensee acknowledged 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 licensee 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 licensee acknowledged 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 licensee acknowledged responsibility to maintain a current employee record on file in the home for the licensees, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated their intention to

achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee acknowledged that written facility menus shall reflect three well-balanced and nutritious meals daily. The licensee is aware of and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged 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 licensee acknowledges his 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.

#### **C. Rule/Statutory Violations**

None.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 8).



07/09/2010

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Theresa Norton  
Licensing Consultant

Date

Approved By:



07/09/10

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Deborah Clark  
Area Manager

Date

