

State of Michigan DEPARTMENT OF HUMAN SERVICES BUREAU OF CHILDREN AND ADULT LICENSING



June 12, 2013

Edward Schultz Innovative Housing Dev Corp Suite 5 3051 Commerce Drive Fort Gratiot, MI 48059

RE: Application #: AS740338093

Scott Group Home 3211 Strawberry Lane Port Huron, MI 48060

Dear Mr. Schultz:

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. Additionally, you made application for special certification to provide specialized services to residents diagnosed with mental illness and/or developmental disabilities at this facility. Therefore, a temporary license and special certification with a maximum capacity of 6 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 (248) 975-5053.

Sincerely,

Maureen J. Fisher, Licensing Consultant

Bureau of Children and Adult Licensing 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (586) 256-1081

enclosure

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

I. IDENTIFYING INFORMATION

	407400000	
License #:	AS740338093	
Applicant Name:	Innovative Housing Dev Corp	
- 1 1	v i	
Applicant Address:	Suite 5	
Applicant Addi coo.	3051 Commerce Drive	
	Fort Gratiot, MI 48059	
Applicant Telephone #:	(810) 385-4463	
Licensee Designee:	Edward Schultz	
Administrator:	Melinda Wiegand	
Administrator.	Wellinda Wiegand	
Name of Facility	Coatt Craup Hama	
Name of Facility:	Scott Group Home	
Facility Address:	3211 Strawberry Lane	
	Port Huron, MI 48060	
Facility Telephone #:	(810) 385-4463	
·		
Application Date:	01/03/2013	
Approution bate.	01/00/2010	
Capacity:	6	
Oapacity.		
Drawam Time:	NACNITALLYILI	
Program Type:	MENTALLY ILL	
	DEVELOPMENTALLY DISABLED	

II. METHODOLOGY

01/03/2013	Enrollment
01/08/2013	Application Incomplete Letter Sent
03/20/2013	Application Incomplete Letter Sent
04/29/2013	Special certification - Application received for special certification endorsement to service residents diagnosed with mental illness and/or developmental disabilities.
06/06/2013	Application Complete/On-site Needed
	Final set of documents received. On-site scheduled.
06/11/2013	Inspection Completed On-site
06/11/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The structure is a single-family, single-store residential home located in Port Huron, owned by the St. Clair County Community Mental Health agency. Resources for shopping, education, training, medical needs, and religious and social needs are available in and around the community in which the home is situated. The home, which has a crawl space in lieu of a basement, has an attached, two-car garage and a fully-fenced rear yard. Although there is a wheelchair ramp at the front of the home, the home is not wheelchair accessible as a ramp would have to be installed at the second egress location as well.

The property is fully landscaped and has an asphalt driveway. The interior of the home includes a living room, recreation room, staff office, dining room, kitchen, laundry/utility room, five bedrooms, a full bath and a ¾ bath (includes a shower stall without a bathtub). The home and surrounding communities are serviced by public water and sewage systems.

Cooking appliances are electric. The home is heated by a boiler and hot water heating system and hot water is produced by a gas-fueled hot water tank; the heat plant is located in the garage which is separated from the home by drywall on the common wall and a solid-core door with self-closing device in accordance with R 40014511(2). The home features a permanently-installed generator for backup electrical power and an interconnected smoke detection system with alarms in all areas of the home required by R 400.14505(1). Fire extinguishers are located both in the garage and within the home.

The following is living space measurements and square footage which was determined to total 551.4 square feet, meeting and exceeding the requirements for a small group home housing six residents per R 400.14405(1):

Living room	21'1" x 10'7"	223 square feet
Dining room	10' x 11'9"	117.5 square feet
D	401011 471 1	•

Recreation room 13'2" x 17' minus

2'10" x 4'7" 223.9 square feet

The following is bedroom space measurements, square footage, and total capacity based on both rule requirements and use of space as specified by the applicant and furnishings for a small group home:

Bedroom #1	12'10" x 10'10"	138.9 square feet	Capacity: 1
Bedroom #2	13'9" x 9'4"	128.3 square feet	Capacity: 1
Bedroom #3	14'8" x 11'6"	168.6 square feet	Capacity: 2
Bedroom #4	14' x 9'9"	136.5 square feet	Capacity: 1
Bedroom #5	9'9" x 9'9"	95 square feet	Capacity: 1

The total living and bedroom space with furnishings is sufficient for approval of the maximum of six residents permitted in a small group home.

B. Program Description

This application for licensure was received by the Bureau 1/3/2013 with a proposed capacity of six male or female adult residents diagnosed with developmental disabilities and/or mental illness. This facility is replacing the existing Scott Group Home operated by this applicant under contract with St. Clair County Community Mental Health (CMH). The license for the current Scott Group Home will be closed once this license is authorized and the residents moved from the old location to this location. Although there is a wheelchair at the front of the home, the home does not have the required two wheelchair ramps and doorway and hallway widths that are required for wheelchair accessible group homes and, therefore, is not eligible for licensure as a wheelchair accessible facility.

Facility staff are trained by both the licensee organization and CMH to provide specialized care to residents in accordance with the plans of service developed for each resident by their CMH case managers.

The applicant is an established, non-profit agency that was first incorporated in the State of Michigan 3/25/1980 and remains an active corporation in good standing. The corporation's board of directors named Edward Schultz as licensee designee and Melinda Wiegand as administrator for the facility. Both have extensive experience as licensee designee and administrator for the corporation which currently manages eleven adult foster care group homes servicing individuals with

mental illnesses or developmental disabilities in St. Clair County in addition to multiple supported independent programs for CMH. Mr. Schultz and Ms. Wiegand have complied with providing licensing clearance documentation including the fingerprinting process required of providers. Both submitted health examination reports from their physicians and tuberculosis testing results which attest to their physical health.

The applicant provided documentation of sufficient financial resources to provide for the care of residents. During the final inspection of 6/11/2013, I reviewed record keeping requirements with Ms. Wiegand to facilitate compliance with statutory and rule requirements for facility, resident, and staff records including the handling and accounting of resident funds. I also reviewed the statutory requirements of Section 400.734b of PA 218 with Ms. Wiegand pertaining to the hiring or contracting of persons who provide direct service to residents.

C. Rule/Statutory Violations

The applicant was found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification for service to the mentally ill and/or developmentally disabled to this AFC adult small group home (capacity 6).

Manney Ficher	
V	06/12/2013
Maureen J. Fisher Licensing Consultant	Date
Approved By:	
Millie of Musik	06/12/2013
Denise Y. Nunn Area Manager	Date
/ trea manager	