



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

April 23, 2013

UPCAP  
Bridgewood Central  
800 S. 26th Street  
Escanaba, MI 49829

RE: Application #: AS210338110  
Bridgewood Soo Hill  
5004 18th Road  
Escanaba, MI 49829

Dear UPCAP:

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 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  
234 West Baraga  
Marquette, MI 49855  
(906) 280-2519

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS210338110

**Applicant Name:** UPCAP

**Applicant Address:** Bridgewood Central  
800 S. 26th Street  
Escanaba, MI 49829

**Applicant Telephone #:** (906) 789-0430

**Administrator/Licensee Designee:** Richard Clifton, Administrator

**Name of Facility:** Bridgewood Soo Hill

**Facility Address:** 5004 18th Road  
Escanaba, MI 49829

**Facility Telephone #:** (906) 553-7772

**Application Date:** 01/02/2013

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

01/02/2013	Enrollment
01/09/2013	Inspection Report Requested - Health 1021120
01/09/2013	Application Incomplete Letter Sent needs fingerprint for Richard Clifton
02/06/2013	Inspection Completed On-site
03/06/2013	Contact - Telephone call received Phone call from Rick Clifton, Administrator.
03/11/2013	Application Incomplete Letter Sent sent another 1326 for Richard
03/12/2013	Contact - Telephone call received Phone call from Rick Clifton, Administrator.
04/02/2013	Contact - Telephone call received Phone call from Rick Clifton.
04/16/2013	Contact - Document Received Documents received - policies, evac, corporation files.
04/23/2013	Inspection Completed On-site
04/23/2013	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is a large, single story, block building located in Wells Township (4 miles west of the city of Escanaba). The property sits in a rural setting on 5 wooded acres, but is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. Proof of ownership was provided and is maintained in the file.

The single story home has 6 bedrooms and is totally handicapped accessible. The home has a large kitchen and combined dining and a large living room area (396 sq. ft.). It also has a separate living room area (156 sq. ft.) available for resident use. There are 3 resident bathrooms all which have shower/tub facilities. Two of the full baths are

centrally located in the home. One of the full baths is private and located in Room #2. The home is very neat, clean and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	132 sq. ft.	Approved capacity 1
Bedroom #2	168 sq. ft.	Approved capacity 1
Bedroom #3	144 sq. ft.	Approved capacity 1
Bedroom #4	144 sq. ft.	Approved capacity 1
Bedroom #5	156 sq. ft.	Approved capacity 1
Bedroom #6	156 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home has a private septic tank and well. A final environmental inspection was completed by the Delta-Menominee District Health Department on 03/04/2013 resulting in an "A" rating. The septic system functions properly and the water tested safe for consumption.

The facility has an interconnected smoke detection system that was installed and verified by Superiorland Electronics.

The Licensee, UPCAP (Upper Peninsula Commission for Area Progress), has another licensed adult foster care home (Bridgewood Central #AL210006946) that has been licensed since 1978.

## **B. Program Description**

The facility proposes to serve both male and female adults (18 years and older) that are Developmentally Disabled and Mentally Ill. The admission policy, program statement, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statement identifies 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 program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. Bridgewood Soo Hill intends to work closely with Pathways

(Mental Health), Lakestate Industries, Delta-Schoolcraft Intermediate School District, and the Department of Human Services, to develop and implement a comprehensive individual program plan for each resident. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

### **C. Licensee and Administrator Qualifications**

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

Mr. Clifton has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 3 staff per 6 residents on the awake-shift, and 2 staff to 6 residents during the sleep shift.

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 licensee stated they will use the FBI fingerprinting system to process and 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their 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 the 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 does intend to comply with the stated rules.

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

The licensee acknowledged their responsibility to obtain all 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 the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

#### **D. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

I recommend that a temporary license be issued for the facility named BRIDGEWOOD SOO HILL, under the terms of Public Act 218 of 1979, as amended.



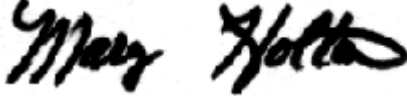
04/23/2013

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Theresa Norton  
Licensing Consultant

Date

Approved By:



4/26/2013

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Mary E Holton  
Area Manager

Date