



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

December 8, 2015

James Pilot  
Bay Human Services, Inc.  
PO Box 741  
Standish, MI 48658

RE: Application #: AM330378865  
Heritage  
4020 Aurelius Road  
Lansing, MI 48906

Dear Mr. Pilot:

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 10 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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, 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>	AM330378865
<b>Applicant Name:</b>	Bay Human Services, Inc.
<b>Applicant Address:</b>	125 S. Forest St. Standish, MI 48658
<b>Applicant Telephone #:</b>	(989) 846-9631
<b>Licensee Designee:</b>	James Pilot
<b>Administrator</b>	Tammy Unger
<b>Name of Facility:</b>	Heritage
<b>Facility Address:</b>	4020 Aurelius Road Lansing, MI 48906
<b>Facility Telephone #:</b>	(989) 846-9631
<b>Application Date:</b>	08/03/2015
<b>Capacity:</b>	10
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

## II. METHODOLOGY

05/28/2015	Inspection completed: Fire Safety: A
08/03/2015	Enrollment Change in licensee
08/05/2015	Contact - Document Sent Rules & Act booklets
08/05/2015	Inspection Report Requested - Health
08/11/2015	Application Incomplete Letter Sent
08/31/15	Inspection Completed-Environmental Health : A
09/09/2015	Application Complete/On-site Needed
09/21/2015	Inspection Completed – On-site
09/21/2015	Contact – Telephone call made The Bureau of Fire Services confirmed compliance with the applicable fire safety administrative rules verified on May 28, 2015.
09/21/2015	Inspection Completed – BCAL Full Compliance
10/01/2015	Emergency license issued due to change in licensee
12/02/2015	On-site inspection to verify no changes to the structure of the facility.

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

Heritage is a single story, ranch style structure constructed over a full basement. The facility sits on property just over two acres in a residential area of Lansing. It is approximately one acre off the road and is half brick, half vinyl siding. The entire property is fenced except for the area that borders the street. The facility has a large back yard enclosed by a fence, with two gated entrance/exits. There is extensive space for visitor and staff parking in the large circular driveway. Attached to the facility is a large two-door garage. All four exits from the facility are at grade and can be easily accessed by residents who use a wheelchair.

The main level of the facility consists of a kitchen, living room, family room, dining area, small activity area, two full resident bathrooms, laundry room and eight resident bedrooms. Residents will have access to all of these areas. Also located within the main level are the medication room, staff office, and staff bathroom which residents will not be able to access.

The electric furnace and water heater are located in the basement. The furnace is separated from the main level by a 1-3/4 inch solid core door with an automatic 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 was inspected by the Bureau of Fire Services and to be in compliance with the applicable fire safety administrative rules on May 28, 2015.

The facility utilizes public water and sewage disposal systems. The Ingham County Health Department inspected the facility on August 31, 2015, and the facility received an "A" rating.

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

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
<b>1</b>	<b>13' X 12' 4''</b>	<b>160</b>	<b>2</b>
<b>2</b>	<b>15' 4'' X 10'10''</b>	<b>166</b>	<b>1</b>
<b>3</b>	<b>15' 4'' X 10'10''</b>	<b>166</b>	<b>1</b>
<b>4</b>	<b>15'2'' x 10'9''</b>	<b>163</b>	<b>1</b>
<b>5</b>	<b>15' 4'' X 10'10''</b>	<b>166</b>	<b>2</b>
<b>6</b>	<b>15'2'' x 10'9''</b>	<b>163</b>	<b>1</b>
<b>7</b>	<b>15'4'' x 10'10'</b>	<b>166</b>	<b>1</b>
<b>8</b>	<b>15'2'' X 12' 4''</b>	<b>187</b>	<b>1</b>

The indoor living and dining areas measure a total of 1022 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 10 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 10 male and female residents who are physically handicapped, mentally ill, or developmentally disabled. The program will focus on building residents' independent living skills and involvement in activities of daily living. The program will include development or enhancement of social interaction, personal hygiene, public safety, community skills, and basic life skills. 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. The applicant is prepared to offer medication administration, and management of chronic conditions.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities. The facility is located near public schools, public libraries, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

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

The applicant Bay Human Services, Inc. is a "Non Profit Corporation", established in Michigan on November 13, 1980. 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 Board of Directors of Bay Human Services, Inc. has submitted documentation appointing J. Joseph Pilot as licensee designee for this facility and Tammy Unger as the administrator of the facility.

Criminal history background checks of the licensee designee and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Pilot has been employed as the Executive Director of Bay Human Services, Inc. for 30 years. He has a Bachelor of Science degree from Aquinas College. He has training and experience in nutrition, first aid, cardiopulmonary resuscitation, safety and fire prevention, financial and administrative management, resident rights, and prevention and containment of communicable diseases. Mr. Pilot has 30 years of knowledge of the needs of the populations served. Ms. Unger has been employed by Bay Human Services, Inc. for 21 years, in various direct care and administrative capacities. Ms. Unger is a licensed practical nurse and has training and experience in dementia, nutrition, first aid, cardiopulmonary resuscitation, safety and fire prevention, financial and administrative management, resident rights, and prevention and containment of communicable diseases.

The staffing pattern for the original license of this 10 bed facility is adequate and includes a minimum of 2 staff for 10 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(s) acknowledge(s) 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 administrator or 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 acknowledge 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **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.

**I. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care medium group home with a capacity of 10.



12/7/15

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Leslie Barner  
Licensing Consultant

Date

Approved By:



12/8/15

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Ardra Hunter  
Area Manager

Date