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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 8, 2019

April Goeschel
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

RE: Application #: AM490392115
Bay Haven Integrated Care
799 Hombach Street
St. Ignace, MI 49781

Dear Ms. Goeschel:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
931 S Otsego Ave Ste 3
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM490392115

Applicant Name: Hope Network Behavioral Health Services

Applicant Address: PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

Applicant Telephone #: (616) 726-1998

Administrator/Licensee Designee: April Goeschel

Name of Facility: Bay Haven Integrated Care

Facility Address: 799 Hombach Street
St. Ignace, MI 49781

Facility Telephone #: (906) 298-8000

Application Date: 01/16/2018

Capacity: 10

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED, DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/16/2018	Enrollment
01/17/2018	File Transferred to Field Office Gaylord
03/08/2018	Application Incomplete Letter Sent
03/09/2018	Inspection Report Requested - Fire Requested per Lic. consultant
10/02/2019	Inspection Completed-Fire Safety: A
10/04/2019	Application Complete/On-site Needed
10/04/2019	Inspection Completed On-site
10/04/2019	Inspection Completed-Env. Health: A
10/04/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The single-story facility is owned by Hope Network Behavioral Health Services. They have been operating the home and providing care to residents as a 6-bed small group home since 5/15/2018. The home is in St. Ignace, Michigan very close to downtown but in a residential neighborhood. It is close to medical facilities, shopping centers and recreational opportunities.

The facility is wheelchair accessible with two approved means of egress which do not require a ramp because they are at ground level. The facility was originally a hospital which has been remodeled to provide adult foster care. There is another facility located in this building which is separated from this facility by a security door. Both facilities have a kitchen. This facility has a larger fully equipped kitchen that will be used to provide the meals for both facilities. The licensee understands that staff need to be trained in safe food handling. They will have to take measures to be sure the food is being transported appropriately.

The furnace and hot water heater are in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 10/02/2019 the home was inspected by the Bureau of Fire Services. An “Approved” fire safety certification was recommended.

The facility has seven bedrooms. The square footage for all rooms meets the requirement for double occupancy but the licensed capacity requested is 10. All seven bedrooms are large L shaped rooms. There are half baths in all the bedrooms and the facility has a large shower room that has two shower stalls and another shower room with one shower. The home uses municipal water and sewer.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'8"X12'1" + 9'X11'10"	263	2
2	11'8"X12'1" + 9'X11'10"	263	2
3	11'8"X12'1" + 9'X11'10"	263	2
4	11'8"X12'1" + 9'X11'10"	263	1
5	11'8"X12'1" + 9'X11'10"	263	1
6	11'8"X12'1" + 9'X11'10"	263	1
7	11'8"X12'1" + 9'X11'10"	263	1

The living, dining, and sitting room areas measure a total of 938 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 **10** 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 **10** male or female ambulatory or non-ambulatory adults who are aged or who are diagnosed with a mental illness, a developmental disability, a physical handicap in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal

behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the resident's person-centered plan.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

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 provide for or arrange for transportation for program and medical needs as outlined in each resident's Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Hope Network Behavioral Health Services, which is a "Non-Profit Corporation" was established in Michigan, on 5/19/1987. 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.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant 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 **10**-bed facility is adequate and includes a minimum of **3** staff -to- **10** residents per shift during awake hours and **3** staff -to-**10** residents during sleeping hours. All staff shall be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this

facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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 applicant acknowledged 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), and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant 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, 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 acknowledges their 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 with residents. In addition, the 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 the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 the required forms and signatures to be completed for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written

notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

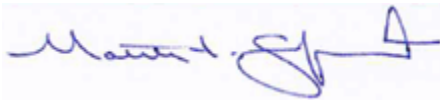
The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 residents' personal money transactions that have been agreed to be managed by the applicant.

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 10).



10/08/2019

Matthew Soderquist
Licensing Consultant

Date

Approved By:



10/08/2019

Jerry Hendrick
Area Manager

Date