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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 1, 2020

Paula Ott
Central State Community Services, Inc.
Suite 201
2603 W Wackerly Rd
Midland, MI 48640

RE: Application #: AS760405297
Custer Street
283 Custer Street
Sandusky, MI 48471

Dear Ms. Ott:

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 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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS760405297
Applicant Name:	Central State Community Services, Inc.
Applicant Address:	Suite 201 2603 W Wackerly Rd Midland, MI 48640
Applicant Telephone #:	(989) 631-6691
Administrator:	Paula Ott
Licensee Designee:	Margaret Guitar
Name of Facility:	Custer Street
Facility Address:	283 Custer Street Sandusky, MI 48471
Facility Telephone #:	(810) 537-5033
Application Date:	08/05/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/05/2020	Enrollment
08/06/2020	Application Incomplete Letter Sent AFC 100, and 1326
08/06/2020	Contact - Document Sent Forms sent
08/27/2020	Contact - Document Received Outdated 1326 and AFC 100
09/08/2020	Application Incomplete Letter Sent
09/18/2020	Inspection Completed On-site
09/23/2020	Contact - Document Received Received required paperwork
09/23/2020	Inspection Completed-BCAL Full Compliance
09/23/2020	SC-Application Received - Original
09/29/2020	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Custer Street is located in a quiet residential neighborhood in the community of Sandusky, Michigan. The home is a ranch style construction surrounded by similar well-kept homes. The home has a large wraparound deck and walk-out, both which are wheelchair accessible. The home consists of four large bedrooms, two full bathrooms a living room and dining room. A small, wooded area is situated behind the house. The home is owned by Anthony and Althea Richards and is being leased to Central State Community Services, Inc. The community of Sandusky is located in the rural "thumb" area of Michigan and is surrounded by farmland. Sandusky offers a variety of recreational, shopping, and entertainment activities. Medical, mental health, religious and social service agencies are located within the city limits. Custer Street was previously licensed from November 19, 2012 through September 30, 2020 (AS760337265).

The furnace and hot water heater are located in the basement with a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an interconnected, hardwire

smoke detection system, with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 SE	10'10" X 15' 5'	167	1
#2 NE	11' X 15'	165	2
#3 SW	11' X 15' 5'	169	2
#4 NW	15' X 10' 9"	161	1

Total capacity: 6

The living, dining, and sitting room areas measure a total of 318 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 **six (6)** 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 **six (6)** male or female adults, ages 18 and up, whose diagnosis is developmentally disabled or mentally ill, physically, handicapped or aged in the least restrictive environment possible. Wheelchair users will be accepted. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from local community health agencies.

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 all transportation for program and medical needs. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Rule/Statutory Violations

The applicant is Central State Community Services, Inc., which is a Domestic Non-Profit Corporation, was established in Michigan, on 10/30/1984. 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 Central State Community Services, Inc., has submitted documentation appointing Paula Ott as Licensee Designee and Margaret Guitar Administrator for this facility.

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

The licensee designee and administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Licensee Designee Paula Ott and Administrator Margaret Guitar have completed all the required training as required by licensing rules. Ms. Ott has more than eight years and Administrator Margaret Guitar has more than 20 years working with the mentally ill and developmentally disabled populations.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two-staff-to six residents per shift. All staff shall be awake during sleeping hours.

Licensee Designee Paula Ott acknowledges 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.

Licensee Designee Paula Ott 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Licensee Designee Paula Ott 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.

Licensee Designee Paula Ott acknowledges 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 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 of the documents contained within each employee's file.

Licensee Designee Paula Ott 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.

Licensee Designee Paula Ott acknowledges 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 applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Licensee Designee Paula Ott acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Licensee Designee Paula Ott acknowledges their 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 applicant acknowledges their 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.

Licensee Designee Paula Ott acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Licensee Designee Paula Ott was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Kathryn A. Huber

09/30/2020

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

10/01/2020

Denise Y. Nunn
Area Manager

Date