



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 14, 2021

Fitzhugh House LLC  
505 Fraser St.  
Bay City, MI 48708

RE: Application #:	AS090407731 Fitzhugh House 316 Fitzhugh St. Bay City, MI 48708
--------------------	---

Dear Ms. Stephanie Blossey:

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
(989) 395-6853

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS090407731
<b>Licensee Name:</b>	Fitzhugh House LLC
<b>Licensee Address:</b>	505 Fraser St. Bay City, MI 48708
<b>Licensee Telephone #:</b>	(989) 482-6927
<b>Administrator/Licensee Designee:</b>	Stephanie Blossey
<b>Name of Facility:</b>	Fitzhugh House
<b>Facility Address:</b>	316 Fitzhugh St. Bay City, MI 48708
<b>Facility Telephone #:</b>	(989) 482-6927
<b>Application Date:</b>	03/19/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

03/19/2021	On-Line Enrollment
04/19/2021	Contact - Document Received Updated Group Application, \$45.00, CHk#2064
04/19/2021	SC-Application Received - Original
04/30/2021	Contact - Document Sent 1326, RI030, AFC100
06/18/2021	Contact - Document Received Updated Corporate Application
06/18/2021	Contact - Document Received 1326 for Stephanie
07/26/2021	Application Complete/On-site Needed
07/28/2021	Inspection Completed On-site
08/13/2021	Application Incomplete Letter Sent
08/24/2021	Inspection Completed On-site
09/23/2021	SC-Application Received- Original
09/24/2021	Inspection Completed-On-site
10/13/2021	Inspection Completed- BCAL Full Compliance
10/14/2021	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The property located at 316 Fitzhugh St. Bay City MI, 48708 is in the city of Bay City. The home is situated east of the Saginaw River and M-13, south of M-25, and two blocks east of Garfield Avenue. The facility was previously licensed as Fitzhugh House (AS090313268) and has been continuously licensed since 07/21/2011. The home is a two-story structure with vinyl siding. The main level of the home includes a kitchen, living room, dining room, full bathroom, foyer (with a couch for seating), and staff office. The upstairs of the home includes three bedrooms, and a full bathroom. The home has a gravel driveway, no garage, and a fenced backyard. The home is situated on a corner lot, with a large side yard and has ample parking.

The furnace and hot water heater are located in the basement with a 1-3/4-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 interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home. A furnace inspection was conducted by Haertel Heating Company on 04/14/2021, and the furnace was found to be in working order. The facility has a public water supply and public sewage disposal system.

The home is not wheel-chair accessible.

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

<b>Beds</b>	<b>Room Dimensions</b>	<b>Square Footage</b>	<b>Total Residents Beds</b>
1 (2 <sup>nd</sup> floor)	11 x 16	176	2
2 (2 <sup>nd</sup> floor)	13.5 x 12	162	2
3 (2 <sup>nd</sup> floor)	11 x 14	154	2

The living, dining, and sitting room areas measure a total of 489 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 ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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 Bay Arenac Community Mental Health.

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 provision 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 Fitzhugh House, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 03/19/2021. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Stephanie Blossey has submitted documentation naming herself as Licensee Designee and Administrator of this facility.

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

The licensee designee/ administrator 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 6-bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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.

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](http://www.miltcpartnership.org)), finger printing by Cogent Solutions, Inc., 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 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.

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 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

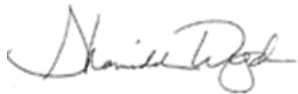
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, 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.

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

Compliance with the licensing act and applicable administrative rules related to the physical plant has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 6).




10/14/2021

---

Shamidah Wyden  
Licensing Consultant

Date

Approved By:



10/14/2021

---

Mary E Holton  
Area Manager

Date