



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 6, 2023

Heather Nadeau
Our Haus, Inc.
PO Box 10
Bangor, MI 49013

RE: Application #: AS800417728
Haus on Monroe
807 W. Monroe
Bangor, MI 49013

Dear Applicant:

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 five 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 'KDuda'.

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-------------------------------|---|
| License #: | AS800417728 |
| Applicant Name: | Our Haus, Inc. |
| Applicant Address: | 30637 White Oak Drive Bangor, MI 49013 |
| Applicant Telephone #: | (269) 214-8350 |
| Administrator | Heather Nadeau |
| Name of Facility: | Haus on Monroe |
| Facility Address: | 807 W. Monroe Bangor, MI 49013 |
| Facility Telephone #: | (269) 214-8350 08/31/2023 |
| Application Date: | |
| Capacity: | 5 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|---|
| 08/31/2023 | Enrollment |
| 08/31/2023 | PSOR on Address Completed |
| 08/31/2023 | Application Incomplete Letter Sent 1326/ri030/FPS new ones needed |
| 08/31/2023 | Contact - Document Sent Forms sent. |
| 10/17/2023 | Contact - Document Received 1326/RI030 |
| 10/17/2023 | Application Complete/On-site Needed |
| 10/26/2023 | Application Incomplete Letter Sent Emailed to licensee. |
| 11/03/2023 | Contact - Document Received Medical Clearance, TB Test, Resident Care Contracts, Emergency Contacts, Property Tax, Residential Lease, Policies and Procedures, Job Description, Admission Policy, Discharge Policy, Refund Policy, Program Statement, Board of Directors, and Heating System Inspection. |
| 11/16/2023 | Contact - Document Sent - Email sent to licensee requesting additional documentation needed for licensure. |
| 11/27/2023 | Contact - Document Received Fire Protection Inspection. |
| 11/30/2023 | Inspection Completed On-site |
| 11/30/2023 | Inspection Completed-BCAL Full Compliance |
| 11/30/2023 | Contact - Document Received Training Verification |
| 12/05/2023 | SC-ORR Response Requested New Home - no residents in the home. |
| 12/05/2023 | SC-ORR Response Received-Approval New Home - no residents placed in home yet. |
| 12/05/2023 | SC-Recommend MI and DD |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The applicant applied for licensure as a corporation, Our Haus, Inc. The applicant provided documentation to verify ownership of the property.

The facility is a two-story home with an unfinished basement located in the Village of Bangor. There are two means of egress, however the home is not wheelchair accessible. The facility has a dining room and living area available on the main level. Through the dining room is the kitchen which also contains a full bathroom and a doorway leading to the unfinished basement. The first bedroom is located off the living room. There is a stairway located in the living room that leads to the second level of the home which contains three bedrooms and a full bathroom.

The facility has public water and public sewage. The facility has a gas furnace and electric water heater located in the basement which has a 1 ¾ inch solid wood core door equipped with an automatic self-closing device and positive latching hardware. There is a second gas furnace located in the attic of the home that is not accessible to residents. The heating systems within the home were inspected by Paul Valentine Heating and A/C Repair on 11/1/23 and were determined to be found to be safe and in good working order. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup. The smoke detection system was inspected on 5/30/23 by Macks Fire Protection and determined to be in good working order.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 12'4" x 10'11" | 134 | 1 |
| 2 | 13'5" x 10'11" | 146 | 2 |
| 3 | 11'3" x 11' | 124 | 1 |
| 4 | 13'4" x 9'3" | 123 | 1 |

The dining and sitting room areas measure a total of 314 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the homes licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the home were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and

personal care to **five (5)** male or female ambulatory adults whose diagnosis is developmentally disabled or mental illness, in the least restrictive environment possible. The program will include providing a clean, safe, friendly home environment and transportation services at no cost to the resident. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant also intends to provide specialized care to the mentally ill and developmentally disabled populations.

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 prior to approval of the resident, guardian, and the responsible agency.

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C. Applicant and Administrator Qualifications

The applicant is Our Haus, Inc., a domestic profit corporation established in Michigan, on 11/15/2006. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate financial capability to operate this adult foster care facility.

The corporation appointed Heather Nadeau as licensee designee and administrator. Ms. Nadeau has extensive experience providing adult foster care and satisfies the qualifications and training requirements identified in the administrative group home rules.

On file is medical, TB, and criminal record clearances for Ms. Nadeau.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff to 5 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will 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 facility's 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 qualifications, suitability, and training requirements for direct care staff prior to each person working in the home 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 designee, 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 directly with residents. In addition, the applicant acknowledges their 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 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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all the documents that are required to be maintained within each resident’s file.

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 to document the date and amount of the adult foster care service fee paid each month and all the resident’s personal money transactions that have been agreed to be managed by the applicant.

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 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

The applicant 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 and special certification to this AFC adult small group home (capacity 5).

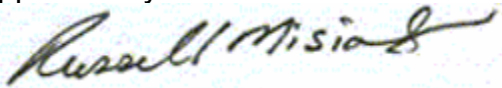


12/6/23

Kristy Duda
Licensing Consultant

Date

Approved By:



12/6/23

Russell B. Misiak
Area Manager

Date