

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 13, 2025

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

RE: Application #: AS490419038

Portage

W568 Old Portage Trail St.Ignace, MI 49781

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 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 (616) 356-0100.

Sincerely,

Garrett Peters, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N. W. Grand Rapids, MI 49503

(906) 250-9318

enclosure

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

#### I. IDENTIFYING INFORMATION

**License #**: AS490419038

**Applicant Name:** Bay Human Services, Inc.

Applicant Address: PO Box 741

3463 Deep River Rd Standish, MI 48658

**Applicant Telephone #:** (989) 846-9631

Administrator/Licensee Designee: James Pilot

Name of Facility: Portage

Facility Address: W568 Old Portage Trail

St. Ignace, MI 49781

**Facility Telephone #:** (989) 846-9631

Application Date: 12/11/2024

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

### II. METHODOLOGY

12/11/2024	Enrollment
12/11/2024	PSOR on Address Completed
12/11/2024	Application Incomplete Letter Sent 1326/RI030 and AFC100
12/11/2024	Contact - Document Sent Forms sent.
12/11/2024	Lic. Unit file referred for background check review Red screen
12/11/2024	Contact - Document Received 1326 and AFC-100
12/12/2024	Comment Waiting for RI030 back from licensee.
12/23/2024	Contact - Document Received RI-030 from James
12/27/2024	File Transferred To Field Office
01/10/2025	Application Complete/On-site Needed
01/10/2025	Inspection Completed On-site
01/10/2025	Inspection Completed-Env. Health : A
01/10/2025	Inspection Completed-BCAL Full Compliance
01/10/2025	SC-Application Received - Original
01/13/2025	SC-ORR Response Requested

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is located within the city of St. Ignace in Mackinac County in Michigan's upper peninsula. The property was previously licensed as a small group adult foster care home.

The building is a shingled roof, two-story, vinyl sided home with six exits. There are two ramps allowing wheelchair access into the home. The structure contains five bedrooms, a dining room, living room, kitchen, and three restrooms, two of which have showers. There is a basement, used as an office space, which residents do not have access to. The kitchen is on the ground level, adjacent to the living area, and dining room, as is the laundry. The home also has an attached garage used as storage.

The five resident bedrooms measure as follows:

Bedroom 1 14'7" x 9'8" or 144 sq. feet single occupancy
Bedroom 2 16'7" x 9'7" or 162 sq. feet single occupancy
Bedroom 3 9'8" x 9'2" or 90 sq. feet single occupancy
Bedroom 4 9'8" x 14'6" or 143 sq. feet single occupancy
Bedroom 5 and 6 15'8" x 13'8" or 218 sq. feet double occupancy

The dining area is 16'8" x 8'7" or 146 sq. feet. The living room is 14'3" x 12'5" or 179 sq. feet.

The home has electric heating and a hot water tank. There are the required number of smoke detectors within the home, including accessible fire extinguishers. The home utilizes municipal water, sewer and trash collection systems.

The home is less than three miles from the local hospital, shopping centers, grocers and located near various recreational opportunities. The city of St. Ignace provides citizens with emergency first responder services.

#### **B. Program Description**

The facility provides 24-hour supervision, protection, and personal care for up to 6 residents, both male and female. There will always be at least one staff person on duty. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or need of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for individual needs. The residents have access to the community and are encouraged as much independence as they are capable.

#### C. Applicant and Administrator Qualifications

The licensee designee and administrator are James Pilot, executive director of Bay Human Services. A licensing record clearance was completed with no LEIN convictions. Mr. Pilot submitted medical clearance documents which include current negative TB results and there is no physical or mental health conditions existing that would limit his ability to work with or around vulnerable adults. Mr. Pilot is a current licensee designee for several homes throughout the state of Michigan.

Mr. Pilot provided verification he obtained the experience and education to meet the requirements of licensee designee and administrator for this home.

Mr. Pilot has provided the home's program statement, admission and discharge policies, and house rules. He has also provided training information that he will be using to train staff

Mr. Pilot acknowledges an understanding of the requirements to maintain this category license type. He also acknowledges an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. He has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

Mr. Pilot acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, direct access to residents, resident information, or both.

Mr. Pilot 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.

Mr. Pilot acknowledges 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, he acknowledged his responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all the documents contained within the employee's file.

Mr. Pilot acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an investigation of the cause. He has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

Mr. Pilot acknowledges his responsibility to obtain all 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, he acknowledges his 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. He acknowledges his 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 compliant with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

Area Manager

I recommend issuance of a temporary license to this AFC adult small group home for a licensed capacity of 6.

	1/14/25
Garrett Peters	Date
Licensing Consultant	
Approved By:	
Russell Misias	
Russell	1/14/25
Russell B. Misiak	Date