



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 10, 2025

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

RE: Application #: AS800419102
Haus on Main
118 Main St
Bangor, MI 49013

Dear Ms. Nadeau:

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 "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 #:	AS800419102
Applicant Name:	Our Haus, Inc.
Applicant Address:	30637 White Oak Drive Bangor, MI 49013
Applicant Telephone #:	(269) 214-8350
Administrator/Licensee Designee:	Heather Nadeau
Name of Facility:	Haus on Main
Facility Address:	118 Main St Bangor, MI 49013
Facility Telephone #:	(269) 214-8350 01/06/2025
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/06/2025	Enrollment
01/06/2025	PSOR on Address Completed
01/06/2025	Application Incomplete Letter Sent Need back page 3 of Corp application.
01/06/2025	Contact - Document Sent Forms sent.
01/07/2025	Contact - Document Received Page 3 of App.
01/07/2025	File Transferred to Field Office

01/08/2025	Application Incomplete Letter Sent Emailed to applicant.
01/16/2025	Contact - Document Received Deed
01/16/2025	Contact - Document Received Special Certification Application
01/29/2025	Contact - Document Received Resident Care Contract, Emergency Contacts, LLC, Staff Policies and Procedures, TB Test, Admission Policy, Discharge Policy, and Job Description.
02/11/2025	Contact - Document Received Medical Clearance.
02/18/2025	Contact - Document Received Organizational Chart.
02/19/2025	Contact - Document Received Furnace Inspection and Floor Plan.
03/20/2025	Inspection Completed On-site
03/20/2025	Inspection Completed-BCAL Full Compliance
04/02/2025	Contact - Documents Requested from Licensee.
04/03/2025	Contact – Documents Received Staffing Pattern, Program Statement, Fire Safety Inspection, and Licensee Training.

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 single level home located in the Village of Bangor. There are two means of egress, however, the home is not wheelchair accessible. The facility has two large living areas with adequate furniture for seating, four bedrooms, and a primary dining room located next to the kitchen. The facility has one full bathroom available to residents and a private bathroom located within a bedroom.

The facility has public water and public sewage. The facility has a gas forced air heating system, outdoor combination heating and cooling system, and gas water heater. An inspection was completed by Paul Valentine Heating and A/C on 2/18/25 and deemed to be in safe working order. The water heater is in the laundry room within an enclosed space that has a 1 ¾ inch solid wood door equipped with an automatic self-closing device and positive latching hardware that is not accessible to the residents. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup. The smoke detection system was inspected on 3/6/25 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' x 11'4"	136	1
2	12'7" x 11'4"	142.7	1
3	12'7" x 10'4"	130	1
4	14'5" x 12'8"	183	1

The facility currently has four beds as they plan to slowly move in residents. The licensee owns multiple facilities and has access to additional beds if they choose to meet capacity.

The dining room and two living room areas measure a total of 568 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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 six (6) 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 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 compliant with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

It is recommended that a temporary license be issued for a capacity of six.

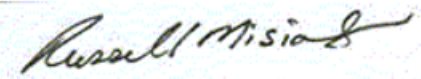


4/3/25

Kristy Duda
Licensing Consultant

Date

Approved By:



4/8/25

Russell B. Misiak
Area Manager

Date