



STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

JOHN ENGLER
GOVERNOR

NOELLE A. CLARK
DIRECTOR

October 3, 2002

J. Joseph Pilot
Saginaw Bay Human Services, Inc.
PO Box 741
125 S. Forest St.
Standish, MI 48658

RE: Application #: AS290251434
Riverside
1020 Cheesman
St. Louis, MI 48880

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 effective 10/03/2002.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Charlene E. Cunningham, Area Manager, at (616) 356-0120.

Sincerely,

Grant Sutton, Licensing Consultant
Bureau of Family Services
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0117

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS290251434

Applicant Name: Saginaw Bay Human Services, Inc.

Applicant Address: PO Box 741
125 S. Forest St.
Standish, MI 48658

Applicant Telephone #: (989) 846-9631

Administrator/Licensee Designee: J. Joseph Pilot, Designee

Name of Facility: Riverside

Facility Address: 1020 Cheesman
St. Louis, MI 48880

Facility Telephone #: (989) 681-3881

Application Date: 08/30/2002

Capacity: 6

Program Type: OFFICIAL FORMER AIS/MR

II. METHODOLOGY

05/20/2002	Inquiry
05/29/2002	Inspection Report Requested - Health
05/30/2002	Inspection Completed On-site
06/11/2002	Inspection Completed-Env. Health : B
06/26/2002	Corrective Action Plan Received
06/26/2002	Corrective Action Plan Approved
06/26/2002	Corrective Action Plan Received
08/30/2002	Enrollment
08/30/2002	Inspection Report Requested - Fire
09/11/2002	Contact - Telephone call received OFS contact
09/20/2002	Inspection Completed On-site
09/26/2002	Corrective Action Plan Received
09/26/2002	Corrective Action Plan Approved
09/26/2002	Inspection Completed-Env. Health : A
10/02/2002	Inspection Completed-Fire Safety : A
10/02/2002	Inspection Completed-BRS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story, four bedroom ranch-style home built on a slab of cement. The facility has 2, 510 square feet of non-ambulatory residential space and 615 square feet of garage. The facility has 4 double occupancy bedrooms, a living room, dining room, laundry and kitchen. The facility has 2 bathrooms, one of which has a handicapped shower and the other a whirlpool tub. The mechanical room is located off the garage.

B. Program Description

The individuals residing in the facility are adults (18+) with a developmental disability and are referred by Gratiot County Community Mental Health, who has a contractual relationship with the licensee. The facility is barrier free.

C. Rule/Statutory Violations

A corrective action plan was requested and approved for all violations cited.

IV. RECOMMENDATION

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

Grant Sutton
Licensing Consultant

Date

Approved By:

Charlene E. Cunningham
Area Manager

Date