



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

September 10, 2007

Patty Williams  
500 S. Park Ave.  
Bay City, MI 48708

RE: Application #: AS090291142  
Guardian Angels Westside  
611 Litchfield Rd  
Bay City, MI 48706

Dear Mrs. Williams:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (989) 835-7241.

Sincerely,

Mary T. Fischer, Licensing Consultant  
Bureau of Children and Adult Licensing  
1509 Washington, Ste A  
P.O. Box 1609  
Midland, MI 48641  
(989) 835-7739

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS090291142

**Applicant Name:** Patty Williams

**Applicant Address:** 500 S. Park Ave.  
Bay City, MI 48708

**Applicant Telephone #:** (989) 894-2653

**Administrator/Licensee Designee:** Patty Williams

**Name of Facility:** Guardian Angels Westside

**Facility Address:** 611 Litchfield Rd  
Bay City, MI 48706

**Facility Telephone #:** (989) 414-3502

**Application Date:** 07/09/2007

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODOLOGY

07/09/2007	Enrollment
08/13/2007	Application Incomplete Letter Sent
09/05/2007	Application Complete/On-site Needed All required documents received from the licensee.
09/05/2007	Inspection Completed On-site
09/07/2007	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Guardian Angels Westside is a wood frame two story home with a detached garage. The garage will not be licensed for resident use. Guardian Angels Westside is situated within the city limits, at 611 Litchfield, in Bay City, Mi., 48706. It has a fenced in yard and small patio area, and it has city water and sewage. The applicant is leasing the property from the owner. The facility is not barrier free and is not suitable for physically handicapped residents.

Guardian Angels Westside is situated within three miles of local parks, museums, other recreational activities, hospitals, fire departments and city police.

The new gas forced air furnace and new gas hot water heater are located in the basement. At the top of the basement stairs is a metal, 1 ¾ inch solid core door, which is positive latching and has an automatic self-closing device attached. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.3 x 14.7	210	1
2	14.3 x 14.8	211.6	1
3	14.4 x 12.6	181.4	1
4	8.9 x 11.10	98.8	1
5	11.8 x 14.4	170	1
6	10.5 x 8.4	88	1

The living room and dining room areas measure a total of 496 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 for up to **six (6)** male or female ambulatory adults whose diagnosis is aged, 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 private individuals, Community Mental Health, Department of Human Services and the local hospitals and Nursing homes.

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 transportation for program and medical needs. Bay City has a transportation system that the residents can also use. 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. Applicant and Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed on 6/19/07, documenting that a unspecified crime was previously reviewed and approved by Central Office on 11/18/03 for the applicant /administrator. The applicant /administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The Applicant/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. Staff shall not 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)), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees 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.

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**

Based on the findings of licensing investigation and the submission of all required documents through the pre-licensing process, it is my recommendation to issue Patty Williams a six-month, temporary license to operate a small group home (capacity 1-6). The terms of the license will enable Patty Williams to provide aged, developmentally disabled and mentally ill adults with personal care, protection and supervision to a maximum of six residents at 611 Litchfield, Bay City, Michigan 48706.



09/10/2007

Mary T. Fischer  
Licensing Consultant

Date

Approved By:



09/10/2007

Christopher Hibbler  
Area Manager

Date