

STATE OF OHIO
DIVISION OF STATE FIRE MARSHAL

INSPECTION REPORT
(ORIGINAL TO OFFICE)
ODPW SS-408

Inspected premises located at 802 South Perry St. Napoleon, Ohio
number street or RR city

Henry county Name of occupant Richard Hayman

STRUCTURAL FEATURES AND CONDITIONS

BUILDING CONSTRUCTION	ROOF	FOUNDATION	No. of Chimneys	WIRING	HEATING
1 (X) Frame	1 (X) Composition	1 () Stone	1 (X) Brick	1 () Conduit	1 (X) Furnace
2 () Brick	2 () Slate	2 () Brick	2 () Metal	2 () BX Cable	2 () Stove
3 () C.Block	3 () Metal	3 (X) C.Block - -	3 () C.Block	3 (X) Romex	3 () Space heat
4 () Tile	4 () Wood	4 () Tile	4 () Transite	4 () K&Tube	4 () Boilers
5 () Metal	5 () Other	5 () Other	5 () Other	5 () Other	5 () Other
6 () Other		6 () None	6 () None	6 () None	6 () None
1 () Excellent	1 () Excellent	1 () Excellent	1 () Excellent	1 () Excellent	1 () Excellent
2 (X) Good	2 () Good	2 (X) Good	2 () Good	2 (X) Good	2 () Good
3 () Fair	3 (X) Fair	3 () Fair	3 () Fair	3 () Fair	3 () Fair
4 () Poor	4 () Poor	4 () Poor	4 () Poor	4 () Poor	4 () Poor

If Other Explain

FLUE PIPE	FUEL	GENERAL CONDITION
1 (X) Direct	1 (X) Gas	1 () Excellent
2 () Wall	2 () Coal	2 (X) Good
3 () Roof	3 () Oil	3 () Fair
4 () Window	4 () LP Gas	4 () Poor
5 () Partition	5 () Electric	
6 () None	6 () Other	
1 () Excellent		GENERAL HOUSEKEEPING
2 () Good		1 () Excellent
3 () Fair		2 (X) Good
4 () Poor		3 () Fair
		4 () Poor

CHECK ONLY ONE	TYPE OF OCCUPANCY	IS BUILDING VACANT () YES () NO
DWELLING	PUBLIC OCCUPANCY	MISCELLANEOUS
1 (X) Single family	20 () Federal	40 () Office
2 () two family side by side	21 () State	41 () Small Retail
3 () two family up and down	22 () County	42 () Large Retail
4 () apartment	23 () City	43 () Restuarant
5 () lodging house	24 () School	44 () Wholesale
6 () hotel	25 () Church	45 () Storage Warehouse
7 () motel	26 () Hospital	46 () Multiple Occupancy
8 () rest home	27 () Theatre	47 () Dry Cleaning
9 () Day nursery	28 () Assembly Hall	48 () Store & Dwelling
10 () trailer home	39 () Unclassified	49 () Unclassified
11 (X) Foster home		60 () Manufacturing
19 () unclassified		61 () Manufacturing & Retail
If Unclassified explain		62 () Agriculture Blo
State name and specific nature of occupancy, past or present		63 () Flammable Liqui
		64 () L.P. Gas
		65 () Other Gases
		66 () Diversified Manufacturing
		67 () Grain Handling
		68 () Out Building
		69 () Public Garage
		70 () Private Garage
		71 () Service Station
		72 () Food Products
		79 () UNclassified

asement----- yes, no
 overfused circuits----- * yes, no
 overloaded circuits----- * yes, no
 s building dilapidated----- * yes, no
 s building especially liable to fire----- yes, no
 re explosives or other flammable
 materials stored within exposure to
 other buildings in feet----- yes, no
 umber of stories Two

NOTE: IF ASTERISK IS PRESENT WHERE CHECKED, EXPLAIN BELOW.

id you give an order ----- yes, no
 ate of inspection 1-19-87

ecommended time of compliance _____ (use bottom half to list harzardous conditic
 nd recommendations)

hom did you consult relative to inspection. 1 Owner 2 Occupant 3 Agent 4 Employee
 No one.

ame of that person Richard Hayman Inspection request made by C.D.M.H.

ame of owner (print) Fern Frederick or agent 90 Lynn Frederick-son

ailing address(print) 400 Westwood Terr. Defiance, Ohio 43512

The following hazardous conditions exist
 (List all defects briefly)

State recommendations for correction of all defects above listed.

IS THERE AN APPROVED EVACUATION PLAN? yes, no

IF THE ABOVE ANSWER IS NO, DID YOU ESTABLISH ONE? yes, no

INSPECTOR'S NAME Maurice Walker Capt.
5-413-082

Instructions: Inspector completes four copies and returns them to the Regional Manager of Mental Health at the Regional Office of Mental Health where this form was obtained.

Name & Address of Facility <i>Richard Hayden</i> 502 S. JERRY INSPECTION OFFICE 43545		Name & Address of Inspecting Agency JOHN P. SPEISER 665 BUCKEYE LANE NAPOLEON, OHIO 43545	
County of Facility <i>Harrison</i>	Type of Facility <i>Type B</i>	No. of Residents <i>3</i>	No. of Clients <i>1</i>
To Be Inspected Under Code <input type="checkbox"/> Chapter BB-53, O.B.C. <input type="checkbox"/> Chapter BB-57, O.B.C. <input checked="" type="checkbox"/> Single Family Residence <input type="checkbox"/> Other, _____ (specify)			

Corrections to be Made:

Facility: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date of Visit <i>1-19-54</i>
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(419) 592-8556



JIM SPEISER & SONS, INC.
 ELECTRICAL CONTRACTORS

"JOHN" SPEISER
 Vice-President

665 BUCKEYE LANE
 NAPOLEON, OHIO 43545

Reasonable Compliance Time: _____ Days

X *John P. Speiser*
 Signature of Inspecting Agent *1-19-54*
 Date

You are hereby ordered to: Correct any violations by _____, 19____ and forthwith comply or continue to comply, as the case may be, with the occupancy limitations set forth above. If you fail to comply with this order, action to deny or revoke your license will be instituted.

Signature, Regional Manager of Mental Health _____ Date _____

Distribution: Original to facility, one copy to Regional Manager's Office; one copy to Inspection Agency; one copy to Central Office Licensure Section, Division of Mental Health.

APPLICATION FOR LICENSE TO OPERATE A RESIDENTIAL CARE FACILITY
Ohio Division of Mental Health

MH-LIC-001 6/81

Instructions: This application is to be filled out and returned to the licensure office from which it was received or Room 2495, Licensure & Certification Section, Ohio Department of Mental Health, 30 East Broad Street, Columbus, Ohio 43215.

Name of Residence	HAYMAN HOME		Date of Application	1/23/84
Address of Residence	(City, State Zip)	County	Area Code/Phone	
802 So. Perry	Napoleon, Ohio 43545	Henry	(419) 592-9415	
Name of Operator and Complete Address (if not living at residence)	Richard and Lynda Hayman -same-		Area Code/Phone	

M	F	To be licensed for:	
2	or 2		<input checked="" type="checkbox"/> 1 to 5 adults (2)
0/0	# Adult clients to live at residence		<input type="checkbox"/> 6 to 10 children/adolescents
1/1	# Clients under 18 yrs old		<input type="checkbox"/> or 6 to 16 adults
0/0	# Staff (include operator)		<input type="checkbox"/> 11 or more children/adolescents
0/0	# Family members other than operator	<input type="checkbox"/> or 17 or more adults	
0/0	# Others		

Building	Date	Date Plan Accepted/Approved
Heating	1/19/84	1/19/84
Wiring	1/19/84	1/23/84
Fire	1/19/84	1/19/84
Water	NA	
Health (TB)	1/13/84	1/13/84
Physical Exam	1/13/84	

For Official Use Only

License # _____

Date _____

Type _____ Occup: _____ ID# _____

Waivers _____

Variations _____

Withdrawn _____ (date)

Approval _____ (date)

Is the facility providing clients: Accommodation Mental Health Services

Do you have a Food Service License? Y X N Food Service License # _____ Expiration Date _____

- Y N Have you and your staff had tubercular tests within the last year?
- Y N Does this residence have a written fire control and evacuation plan?
- Y N Are employees trained in the fire control and evacuation plan?
- 3 Months How often are fire drills held?
- Y N Is there written documentation of these drills?
- Y N Does the residence have an affiliation agreement with a mental health clinical facility?

Number of staff employed by residence other than operator. 0 Full time 0 Part time
Number of individuals operating the residence (include operator) 2

Describe Medical and Psychiatric Back-up for the residence in case of a client emergency.

Henry County Hospital in Napoleon, Ohio; Maumee Valley Guidance Center's
satellite office in Napoleon; and Toledo Mental Health Center.

Has this residence previously been licensed by the: (check all that apply)

Y	N	Date	Y	N	Date
<u>no</u>			<u>no</u>		
<u>no</u>			<u>no</u>		
<u>no</u>			<u>no</u>		
<u>no</u>			<u>no</u>		

Health Dept _____ Welfare Dept _____
 Ohio Youth Commission _____ Ohio Dept of Mental Retardation _____
 Ohio Dept of Mental Health _____ City or County Agency (specify) _____
 Other (specify) _____

Y X N Does this operator own or operate other residences licensed by any of these agencies? Address _____ Licensing Agency _____
X Y N Does the residence have a phone available for clients in the residence
 If no, indicate where a phone is available for clients. _____

Lavatory/Toilet facilities - # of Lavatories (sinks) 2 # of Toilets 2
 # of Showers (not in bathtubs) 0 # of Bathtubs 1

Please provide a rough drawing or sketch of the floor plan of the residence (living rooms, dining rooms, activity rooms and bedrooms), and indicate the following dimensions of rooms in the residence (excluding closet space, bathrooms and rooms not used by clients). Attach an outside photo of residence. (use additional paper if more space if needed)

	No. of Rooms	Length of Rooms	Width of Rooms	Total Area (in sq. ft.)	Verify
Living Room	1	20'	11'	220'	✓
Dining Room	1	12.5'	9.5'	118.75'	✓
Activity Rooms (incl. recreation room)	1	16'	5.5'	88'	✓

No.	Bedrooms for Clients	Floor Location	No. of Beds	Length of Rooms	Width of Rooms	Total Area (in sq.ft.)	Verify
No. 1	1	2nd	1	15'	9.5'	142.5'	✓
No. 2	1	2nd	1	13'	9.5'	132.5'	✓
No. 3							
No. 4							
No. 5							
No. 6							
No. 7							
No. 8							
No. 9							
No. 10							

RICHARD HAYMAN & I, LYNDAY HAYMAN operator of a residential care facility for mentally ill persons, agree to notify the Ohio Department of Mental Health of any changes in this building and its use or operation. To the best of my knowledge, the information contained in this application is accurate and complete.

Richard A. Hayman
Lynda L. Hayman
 Signature

1-23-84
 1-23-84
 Date

SURVEYOR DISPOSITION AND SUMMARY

be completed after all deficiencies have been corrected or sufficiently addressed and the surveyor is ready to send the complete application package to the licensure administrator.

Overall condition of the residence (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Clean | <input checked="" type="checkbox"/> Orderly | <input checked="" type="checkbox"/> Safe |
| <input checked="" type="checkbox"/> Congenial/warm | <input checked="" type="checkbox"/> Pleasant | <input checked="" type="checkbox"/> Appropriate |
| <input checked="" type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Adequate | <input checked="" type="checkbox"/> Good |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Poor (Not Recommended) | |

Suitable for the following clientel (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Elderly | <input type="checkbox"/> Children |
| <input checked="" type="checkbox"/> Chronic | <input checked="" type="checkbox"/> Handicapped (limited) |
| <input checked="" type="checkbox"/> General mentally ill | <input type="checkbox"/> Independent living only |
| <input checked="" type="checkbox"/> Ambulatory only | <input type="checkbox"/> Non-ambulatory |
| <input type="checkbox"/> Minimal care only | <input type="checkbox"/> No assessment made |
| <input type="checkbox"/> Self-medicating only | <input type="checkbox"/> All |

Recommended for Licensure Type A, B, C, D (Circle One)

Total Residents 24
Mental Health Clients (Beds) 2

Waive Rule No. 5122:3-5-02 (4)
Variance, Rule No. _____

Recommended with the following contingencies: None

~~Not Recommended (please fully explain)~~

Rule No. _____ Deficiencies _____

David Hollingshead 1/23/84
Surveyor Signature Date

FOR OFFICIAL USE ONLY
License # _____
Expir Date _____
Type _____ Occup _____ ID# _____
Name _____
Address _____

DEFICIENCIES AND PLAN OF CORRECTION

INSTRUCTIONS: Upon completion of this checklist, the surveyor should list any deficiencies noted during the on-site inspection and summarize them below, indicating a reasonable time for compliance. The surveyor should go over these deficiencies with the Operator or other responsible person at the facility at the time of the survey. The facility should be required to submit a plan of correction to the Commissioner or Designee within a reasonable time of not completed at the time to the survey

Deficiencies Compliance Time Operator Compliance/Plan of Correction

There are no deficiencies noted at the time of this survey.

David Hollingshead 1/23/84
Signature of Person Making Survey Date

Residential Specialist for
Title of Person Making Survey

Maumee Valley Guidance Center, Defiance, Ohio

Richard J. Hayman 1/23/84
Lynda L. Hayman 1-23-84
Signature of Operator Date

REPORT OF BUILDING SAFETY INSPECTION

Of Residential Care Facilities

MHMR-MH-LIC-004 4/79

Ohio Department of Mental Health & Mental Retardation

Division of Mental Health

Pursuant to Section 5123.20 O.R.C.

Instructions: Inspector completes four copies and returns them to the Regional Manager of Mental Health at the Regional Office of Mental Health where this form was obtained.

Name & Address of Facility		Name & Address of Inspecting Agency <i>Meyer Mtg. & Plbg. Inc.</i> <i>829 N Perry</i> <i>Nipoleon Ohio 43545</i> <i>Primmer - Ronald Meyer</i>	
County of Facility	Type of Facility	No. of Residents	No. of Clients <i>1</i>

To Be Inspected Under Code
 Chapter BB-53, O.B.C. Chapter BB-57, O.B.C. Single Family Residence Other, (specify) _____

Corrections to be Made: _____
Facility: Approved Disapproved Date of Visit _____

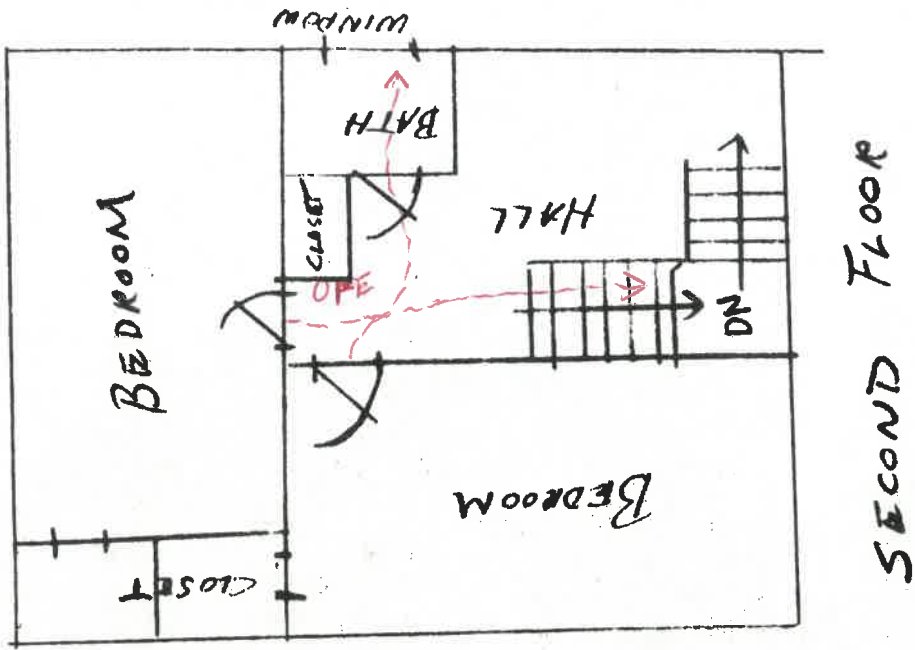
Everything OK on Heating system

Reasonable Compliance Time: _____ Days
Signature of Inspecting Agent: *X Ronald Primmer* | Date: *1-23-89*

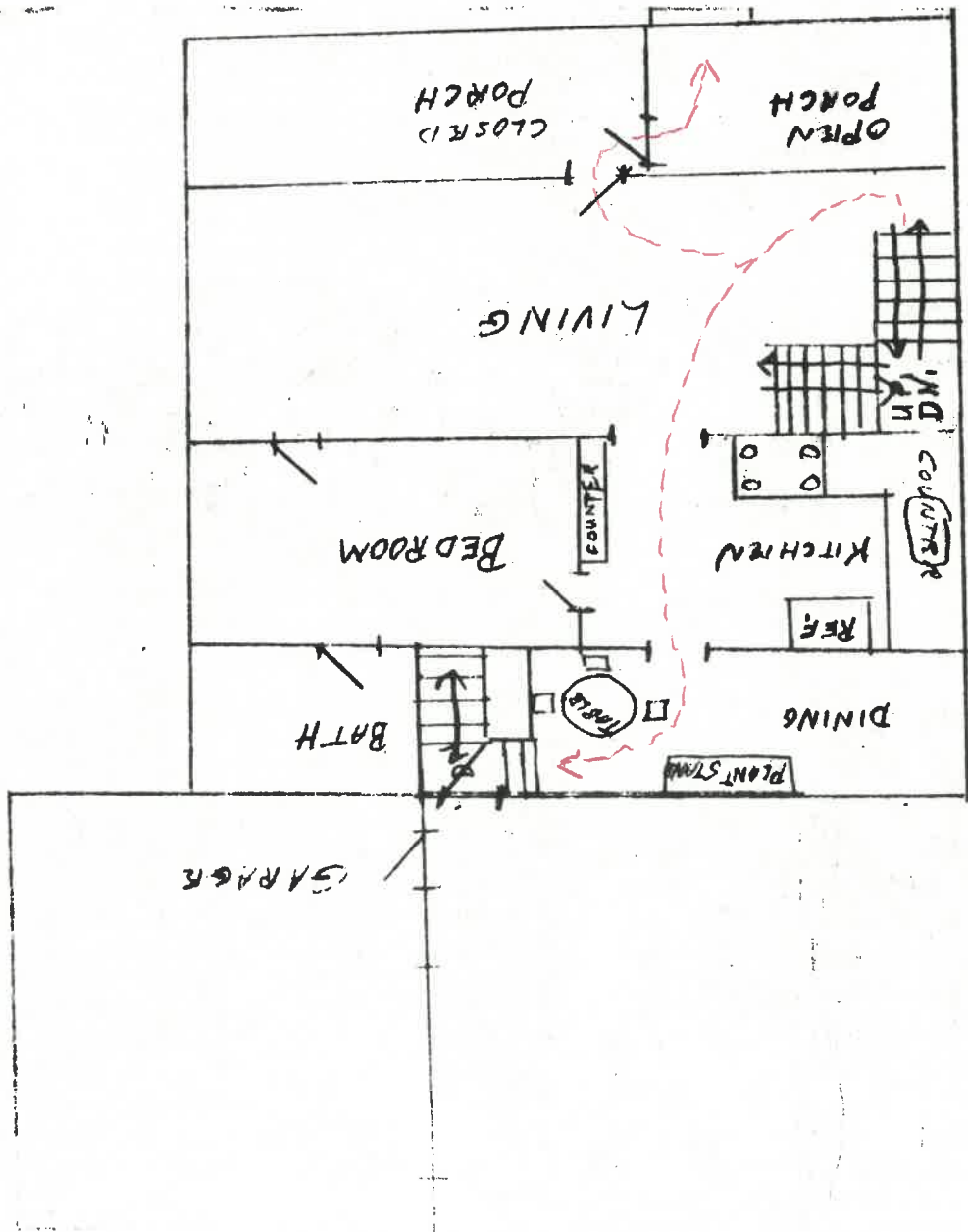
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SECOND FLOOR



FIRST FLOOR