



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

June 25, 2009

Myra L Burke
Hope Network Rehabilitation Services
1490 E Beltline SE
Grand Rapids, MI 49506

RE: Application #: AS410298300
HNRS Forest Glen
4222 Burton St. SE
Kentwood, MI 49546

Dear Mrs. Burke:

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 (616) 356-0100 or the Traverse City office at (231) 922-5309.

Sincerely,

Arlene B. Smith, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0116

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410298300

Applicant Name: Hope Network Rehabilitation Services

Applicant Address: 1490 E Beltline SE
Grand Rapids, MI 49506

Applicant Telephone #: (616) 940-0040

Administrator/Licensee Designee: Myra Burke, Designee

Name of Facility: HNRS Forest Glen

Facility Address: 4222 Burton St. SE
Kentwood, MI 49546

Facility Telephone #: (616) 940-0040

Application Date: 09/24/2008

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/24/2008	Enrollment
09/30/2008	File Transferred To Field Office Grand Rapids
10/02/2008	Comment App rec'd in GR
10/03/2008	Application Incomplete Letter Sent
06/09/2009	Contact - Document Received
06/15/2009	Application Complete/On-site Needed
06/15/2009	Inspection Completed On-site
06/15/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The newly built home is located in a residential setting in the Forest Glen Residential Development in Grand Rapids Michigan on 3.5 wooded acres. The home was designed and built by the experienced staff of Hope Network-Residential Services along with consultation from individuals with handicaps and is 5,400 square feet in size. It was designed especially for individuals with traumatic brain injury or other disabling conditions. The home has been designed with contemporary home furnishing and is beautifully decorated. The home is totally barrier free on the main level which allows the residents to prepare their own meals, complete their own laundry and to move freely within the home. There are six spacious individual resident bedrooms each containing their own bathroom which includes a shower and heated floors. Two resident bedrooms are even larger in order to accommodate extra equipment such as electric and hand powered wheelchairs, a hydraulic lift, or other adaptive equipment. Each resident bedroom is equipped with access to cable, internet and telephone services. The home has a large dining room, living room, kitchen, walk-in pantry, laundry room, two offices, a guest bathroom, a family room, and a four season room which allows for private family time. The large garage is attached to the home and there is a picnic area and an attached porch. There is a side walk along the entire side of the home to easily allow a wheel chair to travel. The grounds are all landscaped with beautiful plants and flowers. The landscaping includes a natural barrier from the home to the homes located around them. There is a large parking area off the garage. The home is located near business including restaurants, movie theaters, and various entertainments establishments. It is also near hospitals, public transportation, as well as other programs owned and operated by Hope Network-Rehabilitation to access specialty services including multi-disciplinary rehabilitation therapist.

The furnace and hot water heater are located on the main floor with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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. The applicant has chosen to equip the home with a sprinkler system for additional fire protection.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	13' x 18'	234	1
# 2	13' x 18'	234	1
# 3	18' x 15'	270	1
# 4	18' x 15'	270	1
# 5	13' x 18'	234	1
# 6	13' x 18'	234	1

The living, dining, and sitting room areas measure a total of 1,106 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 to **six (6)** male or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, or traumatically brain injured, 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: Acute Care hospitals, Post Acute Care Rehabilitation facilities Mary Free Bed Hospitals and physicians.

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 if one is required.

The applicant will provide the facility with a van to transport residents for medical appointments as well as recreational programs. 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 is Hope Network-Rehabilitation Services, Inc., which is a “Non Profit Corporation” was established in Michigan, on 01/12/1983. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Hope Network Rehabilitation Services, L.L.C. has submitted documentation appointing Myra Burke as Licensee Designee/Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator have 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 3 staff - to- 1 resident per first and second shift and 1 staff to 6 residents during sleeping times. All staff shall 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), 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

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

Arlene B. Smith

06/25/2009

Arlene B. Smith
Licensing Consultant

Date

Approved By:



06/25/2009

Christopher J. Hibbler
Area Manager

Date