



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 3, 2009

Tammy Monteleone
Hope Network SE
35 W Huron Suite 302
Pontiac, MI 48342

RE: Application #: AS090302478
Harbor House AFC
5385 Kasemeyer
Bay City, MI 48708

Dear Ms Monteleone:

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) 758-1754.

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 #: AS090302478

Applicant Name: Hope Network SE

Applicant Address: 35 W Huron Suite 302
Pontiac, MI 48342

Applicant Telephone #: (248) 334-3454

Administrator/Licensee Designee: Tammy Monteleone, Designee

Name of Facility: Harbor House AFC

Facility Address: 5385 Kasemeyer
Bay City, MI 48708

Facility Telephone #: (989) 667-4369

Application Date: 05/20/2009

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

05/20/2009 Enrollment

05/21/2009 Contact - Document Sent
Rules & act booklets

06/02/2009 Application Complete/On-site Needed

06/02/2009 Contact - Telephone call made
On site scheduled for 6/16/09 with Licensee Designee, Tammy Monteleone of Hope Network Southeast.

06/16/2009 Inspection Completed On-site

06/24/2009 Inspection Completed-BFS Full Compliance

06/24/2009 Contact – Telephone call made to Tammy Monteleone.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a residential neighborhood on the west side of Bay City about one mile west and south of the Euclid Road shopping area. A hospital, library, shopping and community resources are located in Bay City close to the home. The home is a one story, ranch style home with a full basement and attached two car garage. The facility facade is brick. This home has been continuously licensed as an adult foster care home since December 14, 1992. The purpose of this licensing inspection was a change in the licensee from Alternative Community Services, Inc. to Hope Network Southeast, Inc. Both licensees contract with Bay Arenac Behavioral Health.

The furnace and hot water heater are located in the basement with a self-closing, 1-3/4 inch solid core door 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.

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 16'	192	2
2	12' x 11.5' + 4.75' x 3.5'	138 + 16.2 = 154.2	1

3	11.5' x 12.67'	154.7	1
4	12.42' x 15.5'	192	2

The living, dining, and sitting room areas measure a total of 451.47 square feet of living space. This exceeds the minimum of 35 square feet per 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 non-ambulatory aged adults whose diagnosis is 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 Bay Arenac Behavioral Health.

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 all transportation for program and medical needs. 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 Southeast, Inc., which is a "Non Profit Corporation" was established in Michigan, on 3/15/1995. 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 Southeast, Inc. has submitted documentation appointing Tammy Monteleone as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the Tammy Monteleone. Tammy Monteleone submitted a medical clearance

request with statements from a physician documenting her good health and current TB-tine negative results.

Tammy Monteleone 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- 3 residents per shift. 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

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

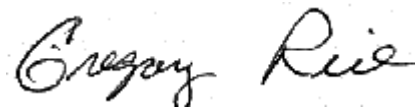


08/03/2009

Mary T. Fischer
Licensing Consultant

Date

Approved By:



08/03/2009

Gregory Rice
Area Manager