



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

November 20, 2012

Dawn Brunner
Hope/Spectrum Health CCG
2775 East Lansing
East Lansing, MI 48823

RE: Application #: AS330313722
Hope Network Oakwood Residential Services
2701 E. Lansing Drive
East Lansing, MI 48823

Dear Ms. Brunner:

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 (517) 241-2585.

Sincerely,

Andrea Green, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5637

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS330313722

Applicant Name: Hope/Spectrum Health CCG

Applicant Address: 3375 South Division
Grand Rapids, MI 49501

Applicant Telephone #: (616) 248-5900

Administrator/Licensee Designee: Dawn Brunner

Name of Facility: Hope Network Oakwood Residential Services

Facility Address: 2701 E. Lansing Drive
East Lansing, MI 48823

Facility Telephone #: (517) 332-1616

Application Date: 05/05/2011

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/05/2011	Enrollment App with corrected Fed # received 6/1/11
05/09/2011	Contact - Document Sent Rules & Act booklets
12/05/2011	Application Incomplete Letter Sent
10/23/2012	Inspection Completed On-site
10/23/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story brick and siding dwelling located in the city of East Lansing, in Ingham County. The facility is located in a complex with several other buildings and has a large parking lot that is available for staff and visitors. The facility is wheelchair accessible with grade level means of egress. The facility has a common living area and kitchen/dining area. There are six resident bedrooms each with its own bathroom and kitchen with a refrigerator, microwave and a range. The ranges are equipped with lock-out/tag-out systems which will be employed based on each residents level of function.

The furnace and water heater and laundry area are enclosed in a room that is constructed of material which has a one hour fire resistance and fire-rated door that is equipped with an automatic, self-closing and positive latching hardware.

The facility is equipped with an interconnected hard wired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in all sleeping areas, dining room/kitchen, and living areas. The facility is equipped with fire extinguishers which are located in the bedroom hallways and kitchen area. The facility utilizes city water supply and sewer system.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	20' X 11"	220	1 Resident
Bedroom # 2	20' X 11'	220	1Resident
Bedroom # 3	20' X 11'	220	1Resident

Bedroom # 4	20' X 11'	220	1Resident
Bedroom # 5	20' X 11'	220	1Resident
Bedroom # 6	20' X 11'	220	1 Resident
Living Area	19'11" x 23'9"	456.72	

The living area measures a total of 456.72 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.

B. Program Description

The facility will provide 24 –hour supervision, protection and personal care for six (6) male or female residents. The facility will accept residents who have traumatic brain injuries and are physically handicapped. The program will provide training to promote independent living skills, opportunities for involvement in day programs, and transportation. The staff will receive extensive training that includes several sessions devoted to brain injury rehabilitation.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational and leisure activities including grocery stores, shopping centers and other local resources.

C. Applicant and Administrator Qualifications Rule/Statutory Violations

The applicant is Hope/Spectrum Health CCG which is a Domestic Nonprofit Corporation that was established 11/04/1996. The applicant submitted 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/Spectrum CCG has submitted documentation appointing Dawn Brunner as licensee designee and administrator for this facility. A criminal history check was completed on 05/09/2011 for Ms. Brunner and no criminal convictions were found. Ms. Brunner submitted a medical clearance dated 08/30/2012 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current TB test was also obtained for Ms. Brunner.

Ms. Brunner provided documentation that she has 16 years of experience working with traumatic brain injured and physically handicapped adults as a part of Hope Network. Ms. Brunner has completed trainings through Michigan State University, NASW, Hope/Spectrum, and the American Red Cross.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 2 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledges the requirement for obtaining criminal history checks of employees and contractors who have regular, ongoing contact "direct access" to residents or resident information or both.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medications 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each residents file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2399 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home facility with a capacity of six (6) residents.



11/20/2012

Andrea Green
Licensing Consultant

Date

Approved By:



11/20/12

Betsy Montgomery
Area Manager

Date