



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

December 1, 2014

Donald King
Hope Network SE
70 Lafayette
Pontiac, MI 48342

RE: License #: AS500069160
Waterstone CRU
47754 Sugarbush
Chesterfield, MI 48047

Dear Mr. King:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 (248) 975-5053.

Sincerely,

Maureen J. Fisher, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-1081

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------|---|
| License #: | AS500069160 |
| Licensee Name: | Hope Network SE |
| Licensee Address: | 70 Lafayette Pontiac, MI 48342 |
| Licensee Telephone #: | (248) 338-7458 |
| Licensee Designee: | Donald King |
| Administrator: | Katina Bennett |
| Name of Facility: | Waterstone CRU |
| Facility Address: | 47754 Sugarbush Chesterfield, MI 48047 |
| Facility Telephone #: | (586) 598-9490 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL |

II. Purpose of Addendum

Change of facility name, change of program statement, and change of admission policy to reflect change in the focus of the facility from ongoing residential care to a short-term, crisis residential program for individuals experiencing a mental health crisis.

III. Methodology

- 10/29/2014 Receipt of memorandum and modification of terms request. Request Sent to Mr King requesting revised program statement and admission Policy.
- 11/4/2014 Program statement and admission policy received with additional supporting documentation reflecting changes in policies and procedures within the facility.
- 11/11/2014 Email correspondence with Mr. King regarding the proposed effective date for the modification of name and policies.
- 11/14/2014 Second inquiry to Mr. King regarding proposed effective date for the Changes. Response received with request that the changes be made Effective 12/1/2014.
- 12/1/2014 Modification of terms processed: name change and changes in admission policy and program statement.

IV. Description of Findings and Conclusions

This facility has operated under the name Silver Meadows since the time of original licensure, 12/21/1995 servicing male and female adults diagnosed with mental illness per a contract with the local community mental health organization. Effective 12/1/2014, the facility has modified its program and admission policies to reflect a change in focus: to provide 24-hour residential care for up to 14 days to individuals experiencing a mental health crisis. To reflect the change in focus, the facility has changed its name to Waterstone CRU. The facility continues to be operated by the same licensee: Hope Network SE.

The licensee designee, Donald King, submitted all required applications and documents to request the modification of terms including revised program and admission policy statements. I have reviewed and approved the submitted documents.

V. Recommendation

I recommend approval of the request to modify the terms of this license including the change in the name of the facility and change of admission and program policies.

Maureen J. Fisher

12/01/2014

Maureen J. Fisher
Licensing Consultant

Date