



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

March 10, 2015

Jessica Hamp
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

RE: Application #: AS700365883
Harbor Point Intensive - North Unit
16908 130th St.
Nunica, MI 49448

Dear Ms. Hamp:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Grant Sutton, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS700365883

Applicant Name: Hope Network Behavioral Health Services

Applicant Address: PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

Applicant Telephone #: (616) 726-1998

Administrator/Licensee Designee: Ben Snay, Administrator
Jessica Hamp, Designee

Name of Facility: Harbor Point Intensive - North Unit

Facility Address: 16908 130th St.
Nunica, MI 49448

Facility Telephone #: (616) 844-0663

Application Date: 09/10/2014

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/10/2014	Enrollment
09/24/2014	Contact - Document Sent Rule & ACT Books
09/24/2014	File Transferred To Field Office Grand Rapids
09/29/2014	Inspection Report Requested - Health
09/30/2014	Application Incomplete Letter Sent
11/06/2014	Inspection Completed-Environmental Health : B
01/16/2015	Contact - Telephone call received Update; township has approved the site use so remodeling can continue. Requesting inspection on 03/09/2015.
01/21/2015	Inspection Report Requested - Health Re-inspection needed
01/23/2015	Inspection Completed-Environmental Health : A Re-inspection
03/09/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home located in rural Ottawa County, in an area of similarly constructed homes. The main floor consists of two living rooms, dining room, kitchen, six resident bedrooms, two full bathrooms, one staff office, a meeting room, and a laundry room. Three of the resident bedrooms have ½ bathrooms, en suite. The lower, walkout level consists of the furnace room, kitchen, living room, dining area, two storage rooms, six bedrooms, and three full bathrooms. The lower level is approved for use by residents for programming. The main level is wheelchair accessible and has 2 approved means of egress that are equipped with ramps. The home utilizes a municipal water system and a private sewage disposal system.

The gas furnace and hot water heater are new and the boiler has been inspected and certified; all are located in the lower level. There is a 1 ¾ inch solid core door with a self-closing device located at the bottom of the stairs to the lower level. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	15'6" x 13'1"	202 sq. ft.	1
2	16'3" x 16'	260 sq. ft.	1
3	14'11" x 13'	193 sq. ft.	1
4	14'3" x 13'4"	190 sq. ft.	1
5	15' x 12'	180 sq. ft.	1
6	10'8" x 13'4"	142 sq. ft.	1

The two living room and dining room areas measure a total of 768 square feet of living space. This complies with the 35 square feet/per occupant 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.

The facility was previously licensed as the Sandpiper AFC Home, License #AL700007376.

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 adults whose diagnosis is developmentally disabled and/or mentally ill, 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. The applicant intends to accept residents from community mental health boards throughout the state as a referral source.

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 Behavioral Health Services, Inc., which is a “Non Profit Corporation” that was established in Michigan on 05/19/1987. 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 Behavioral Health Services, Inc. has submitted documentation appointing Jessica Hamp as Licensee Designee for this facility and Ben Snay as the Administrator of the facility.

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

The licensee designee and 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 2 staff -to- 6 residents per shift. There is an additional staff scheduled to handle taking residents to appointments during the 1st shift, as needed. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges 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 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) and the related documents required to be maintained in each employee’s 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 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 acknowledges their 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 resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* 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 residents' personal money transactions that have been agreed to be managed by the applicant.

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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care small group home (capacity 6).



03/09/2015

Grant Sutton
Licensing Consultant

Date

Approved By:



03/10/2015

Leon M. Hale
Area Manager

Date