



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 7, 2017

RE: Application # : AS110387757
Hope, Love, and Grace
785 Pipestone Rd.
Benton Harbor, MI 49022

Dear Ms. Adams:

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 six (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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Hodge".

Karen Hodge, Licensing Consultant
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS110387757
Name:	Hope, Love and Grace Girls Home LLC; Dba Hope, Love and Grace LLC
Address:	395 E. Delaware Benton Harbor, MI 49022
Telephone #:	(269) 921-3928
Administrator/Licensee Designee:	Constance Adams
Name of Facility:	Hope, Love, and Grace
Facility Address:	785 Pipestone Rd. Benton Harbor, MI 49022
Facility Telephone #:	(269) 757-7565
Application Date:	03/29/2017
Capacity:	6
Program Type:	Mentally Ill, Developmentally Disabled

II. METHODOLOGY

03/29/2017	On-line Enrollment
04/05/2017	Application incomplete letter sent
04/05/2017	Document sent Rules and Act
04/27/2017	File transferred to field.
06/07/2017	Inspection Completed, On-site
06/14/2017	Application incomplete letter sent
08/31/2017	Inspection completed, BCAL full compliance
09/01/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hope, Love, and Grace is a three-story historical home in the city of Benton Harbor that has been totally refurbished. The licensee designee has agreed that the third floor will not be used for residents. There are five bedrooms on the second floor for resident use, four for single occupancy and one for double occupancy. The home also has two rooms on the lower level that are appropriate for resident use which the licensee designee intends to use only if there is a need due to ambulation difficulties or wheelchair use by a resident. The rooms on the main floor will be utilized as additional leisure/common space, or possibly a staff room. The licensee has agreed not to set up more than six beds to accommodate six residents. The main level of the home has a bedroom with a full bath with a low-entry shower. The upper level has a full bathroom which has a tub. The main level has a large living area, an ample dining area which is large enough to seat all residents at the same time, an exercise room and the licensee designee's office. There is a fully-equipped kitchen on the main level. The home utilizes public water, sewage, and trash service.

The home has a gas water heater and a gas forced-air heating system which are located in the basement. There is a 1 ¾" wide solid core wood door that has a self-closing device and positive-latching hardware. There is a 2nd furnace on the third floor which is separated from the occupied areas of the home by 1 ¾" wide solid core wood door that has a self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

The home is protected by Guardian Protection Systems which provides smoke detection, a sprinkler system, and alarms on the doors.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' x 12'6"	188	2
2	11 x 13	143	1
3	10'9" x 13'	140	1
4	12'11" x 9'6 '		storage
5	10'5" x 14'9 '	154	1
6	10'5 x 13'1	136	1

The indoor living and dining areas exceed 700 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male or female residents who are 18-65 years old and are mentally ill or developmentally disabled. The program will include training to develop personal hygiene, personal adjustment, public safety, social interaction, and independent living skills. The applicant intends to provide an opportunity for involvement in educational or day programs, treatment activities or employment. The applicant intends to support behavioral treatment plans, and assist residents with improving community involvement through supported shopping, activities and therapeutic participation, and activities through the local YMCA. The applicant intends to apply for special certification and intends to accept residents who meet the qualifications for specialized placement through Berrien Mental Health Authority.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including public schools and library, local museums, shopping centers, churches, the arts and outdoor activities to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Hope, Love and Grace, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 03/30/2015. 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 members of Hope, Love and Grace, L.L.C. have submitted documentation appointing Constance Adams as licensee designee and administrator for this facility.

Criminal history background checks of Ms. Adams were completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Adams submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Adams has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has worked with the population she intends to serve through a variety of professional positions and provided documentation to support her experience and familiarity with licensing requirements. This experience includes a Bachelor's degree with a major in Child and Family development and a minor in Alcohol and drug addiction, and a Master's degree in Educational Leadership with a minor in General Studies. Ms. Adams has two years' experience in Children's Protective Services and two years' experience managing Emergency Shelter Services in charge of the Michigan PATH program; in both positions she worked with many individuals with mental illness and developmental disabilities. The PATH program is specifically designed for people with serious mental illness, including many with co-occurring substance abuse disorders. In addition she has participated in multiple additional training opportunities including CPR, First Aid, medication management and administration, nutrition and menu planning, fire safety and communicable diseases.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. Night shift staff will be awake. 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.

Ms. Adams 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.

Ms. Adams acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Adams 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 designee will 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.

Ms. Adams 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 designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

Ms. Adams acknowledged the responsibility to obtain the required 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.

Ms. Adams 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 resident's file.

Ms. Adams acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged 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 resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. Adams acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

Ms. Adams 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.

Ms. Adams 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.

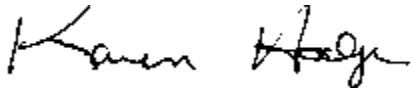
Ms. Adams acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend a temporary license with the capacity of six residents be issued to this Adult Foster Care small group home.

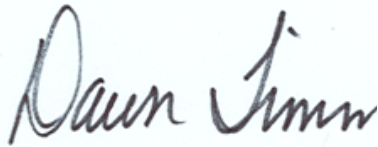


09/05/2017

Karen Hodge
Licensing Consultant

Date

Approved By:



09/07/2017

Dawn Timm
Area Manager

Date