



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 9, 2018

Donald King
Hope Network SE
70 Lafayette
Pontiac, MI 48342

RE: Application #: AS380390305
Woodbridge
117 South Webster
Jackson, MI 49203

Dear Mr. King:

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 4 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License Application #: | AS380390305 |
| Applicant Name: | Hope Network SE |
| Applicant Address: | 70 Lafayette Pontiac, MI 48342 |
| Applicant Telephone #: | (248) 338-7458 |
| Administrator/Licensee Designee: | Donald King |
| Name of Facility: | Woodbridge |
| Facility Address: | 117 South Webster Jackson, MI 49203 |
| Facility Telephone #: | (517) 782-3550 09/06/2017 |
| Application Date: | |
| Capacity: | 4 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|--|
| 09/06/2017 | Enrollment Online enrollment |
| 09/07/2017 | Contact - Document Sent Rule & Act booklets |
| 09/07/2017 | Application Incomplete Letter Sent Rec cl's for Christina (LD) & Patricia (Admin) |
| 09/14/2017 | Contact - Document Received Rec cl for Christina (LD & Admin) |
| 10/03/2017 | Application Incomplete Letter Sent |
| 10/26/2017 | Inspection Completed-BCAL Sub. Compliance |
| 11/13/2017 | Contact - Telephone call made Follow up regarding Confirming Letter sent 11/01/2017. Representative stated noted corrections are in the process of being completed. Requested return phone call to discuss criminal history check. |
| 01/25/2018 | Contact - Document Sent In-active letter sent. Letter sent to facility address also (2 letters sent) |
| 03/26/2018 | Inspection Completed-BCAL Full Compliance All deficiencies listed in letter 11/02/2017 corrected. |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Woodbridge adult foster care home is located in a residential area in Jackson, MI. The home is a two story structure with a full basement and detached garage. The first floor of the home consists of a living room, dining room, kitchen, one full bathroom and one bedroom. The second floor consists of 3 bedrooms and one full bathroom.

The furnace and hot water heater are located in the basement with a steel metal door with a 60 minute smoke and fire rating. The door is equipped with an automatic self-closing device and positive latching hardware located at top of stairs. 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 | 12.5 X 8.10 | 101 sq. ft. | 1 |
| 2 | 12.6 X 8.6 | 108 sq. ft. | 1 |
| 3 | 10.7 X 10.7 | 114 sq. ft | 1 |
| 4 | 9.8 X 9.6 | 94 sq. ft | 1 |

The living, dining, and sitting room areas measure a total of 220 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is not wheelchair accessible and cannot accommodate residents that who regularly require the use of wheelchairs.

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 **four (4)** female ambulatory 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: (Gateway, Consumer Link, and Synergy Partners).

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, S.E., which is a Non Profit Corporation was established in Michigan, on 003/15/1995. 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.

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 four-bed facility is adequate and includes a minimum of 1 staff –to- 4 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), Identogo, 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.

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.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-4).



Vanita C. Bouldin
Licensing Consultant

Date: 04/04/2018

Approved By:



Ardra Hunter
Area Manager

Date: 04/06/2018