



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 16, 2018

Nathanael Bieszka
New Hope Group Home LLC
3671 Senora Ave. SE
Grand Rapids, MI 49508

RE: License #: AS410381260
New Hope Group Home LLC 60
3660 Senora Ave. SE
Grand Rapids, MI 49508

Dear Mr. Bieszka:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #: AS410381260

Licensee Name: New Hope Group Home LLC

Licensee Address: 3671 Senora Ave. SE
Grand Rapids, MI 49508

Licensee Telephone #: (419) 439-1218

Licensee/Licensee Designee: Nathanael Bieszka, Designee

Administrator: Nathanael Bieszka, Administrator

Name of Facility: New Hope Group Home LLC 60

Facility Address: 3660 Senora Ave. SE
Grand Rapids, MI 49508

Facility Telephone #: (419) 439-1218

Original Issuance Date: 05/27/2016

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/23/2018

Date of Bureau of Fire Services Inspection if applicable: 10/23/2018

Date of Health Authority Inspection if applicable: 10/23/2018

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed NA Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Medications passed prior to inspection.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Meals prepared prior to inspection.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A


III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



11/16/2018

Toya Zylstra
Licensing Consultant

Date