



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 4, 2019

Debra McCovery
Hope Network, S.E.
70 Lafayette
Pontiac, MI 48342

RE: Application #: AS250395711
Kersey Home
7134 Blankenship Circle
Davison, MI 48423

Dear Ms. McCovery:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250395711
Applicant Name:	Hope Network, S.E.
Applicant Address:	70 Lafayette Pontiac, MI 48342
Applicant Telephone #:	(248) 338-7458
Licensee Designee:	Debra McCovery
Administrator:	Debra McCovery
Name of Facility:	Kersey Home
Facility Address:	7134 Blankenship Circle Davison, MI 48423
Facility Telephone #:	(248) 338-7458 08/08/2018
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/08/2018	Enrollment
08/08/2018	SC-Application Received - Original
08/09/2018	Application Incomplete Letter Sent 1326 for LD and AFC 100 For admin
08/09/2018	Contact - Document Sent Rule and act books
10/17/2018	Contact - Document Received Record Clearance
10/17/2018	File Transferred To Field Office Flint
12/11/2018	Application Incomplete Letter Sent
02/25/2019	Application Complete/On-site Needed
02/28/2019	Inspection Completed On-site
02/28/2019	Inspection Completed-BCAL Full Compliance
02/28/2019	Exit Conference Exit conference with Debra McCovey, licensee designee.
02/28/2019	SC-Inspection Completed On-Site
02/28/2019	SC-ORR Response Requested
03/04/2019	SC-ORR Response Received-Approval
03/04/2019	SC-Recommend MI and DD
03/04/2019	Recommend License Issuance

DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a ranch style home, located in the city of Davison. It is situated in a neighborhood with similar style dwellings. The home is barrier free and approved for wheelchair usage. The facility consists of three double occupancy bedrooms, one full bathroom with a shower, one full bathroom with a tub, a living room, a family room, a program room, a staff office, a kitchen, a dining room, and a laundry room. There is an attached two car garage. There is a cement driveway, with adequate off-street parking for staff and visitors.

The furnace and hot water heater are located in a mechanical room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace was inspected on 11/18/18.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #1	157 sq. ft.	2 resident beds
Bedroom #2	157 sq. ft.	2 resident beds
Bedroom #3	162 sq. ft.	2 resident beds

The living, dining, family, and program room areas measure a total of 803 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 six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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, physically handicap, 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. Residents will be referred from Genesee County Community Mental Health.

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., Inc., which is a Non-Profit Corporation. This license entity was established in Michigan on 03/15/1995. 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.

The Board of Directors of Hope Network S. E., Inc. has submitted documentation appointing Debra McCoverly as Licensee Designee and administrator for this facility. Licensing record clearance requests were completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and the administrator submitted medical clearance requests with statements from their respective physicians documenting their good health and current TB-tine negative results.

The licensee designee and the 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 six-bed facility is adequate and includes a minimum of 2 staff to 6 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),

L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee 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.

III. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).



3/4/19

Kent W Gieselman
Licensing Consultant

Date

Approved By:



3/4/19

Mary E Holton
Area Manager

Date