



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 1, 2019

Marlene Burgess
Hope Network, S.E.
70 Lafayette
Pontiac, MI 48342

RE: Application #: AS820395610
Cambridge
1648 Inkster
Dearborn Heights, MI 48127

Dear Ms. Burgess:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820395610
Applicant Name:	Hope Network, S.E.
Applicant Address:	70 Lafayette Pontiac, MI 48342
Applicant Telephone #:	(248) 338-7458
Administrator/Licensee Designee:	Marlene Burgess
Name of Facility:	Cambridge
Facility Address:	1648 Inkster Dearborn Heights, MI 48127
Facility Telephone #:	(248) 338-7459
Application Date:	08/02/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/02/2018	Enrollment App submitted online 7/31/18 did not download
08/02/2018	Contact - Document Sent Rules and Acts books
08/02/2018	Application Incomplete Letter Sent 1326 for Marlene. 100 for administrator.
08/02/2018	Lic. Unit file referred for background check review Given to Candace Facility/People with Red Screen
11/15/2018	File Transferred To Field Office Detroit
12/06/2018	Application Incomplete Letter Sent
02/05/2019	Inspection Completed On-site
02/05/2019	Inspection Completed-BCAL Sub. Compliance
02/05/2019	Application Complete/On-site Needed
02/05/2019	Application Incomplete Letter Sent
02/27/2019	Inspection Completed On-site Follow-up inspection.
02/27/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story brick and siding dwelling located in a residential neighborhood in the city of Dearborn Heights, in Wayne County. The facility has a partially paved driveway which provides parking for staff and visitors. The facility has two living areas, a dining room, three resident bedrooms and two full resident bathrooms. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located on the same level as the residents and is enclosed in a room constructed of material which has a 1- hour fire resistance rating with a solid wood core door. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is also equipped with an interconnected smoke detection system. Smoke detectors are located in all the resident bedrooms, the bedroom hallway, dining room, and living room. The facility is equipped with fire extinguishers which are located at the front door and the kitchen area.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	15'9" X 10'8"	171.72	2 Residents
Bedroom # 2	12'5" X 13'3"	166.25	2 Residents
Bedroom # 3	14'10" x12'5"	176.25	2 Residents
Living Area # 1	18'6" X 21'1"	392.46	
Living Area # 2	13'4" X 13'3"	178.22	

The living areas measure a total of 570.68 square feet of living space. This exceeds the minimum of 35 square feet per resident. Based on the above information, it is concluded that this facility can accommodate six (6) residents.

This home cannot accommodate wheelchairs.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility will accept medically stable mentally ill adults and developmentally disabled adults. The facility will teach and reinforce skills of daily living with the residents. The facility will provide residents with the opportunity to participate in social and recreational activities in the home as well as making use of resources in the community.

C. Applicant and Administrator Qualifications

The applicant is Hope Network, S.E., Domestic Nonprofit Corporation established on 3/15/1995. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for the AFC residents along with income from the operation of 17 other active Adult Foster care facilities and verification of at least 3 months of operating capital available for immediate use.

Marlene Burges is the licensee designee and administrator for the facility. A criminal history clearance was completed on 11/13/2018 for Ms. Burgess and no criminal convictions were found. Ms. Burgess submitted a medical clearance dated 10/12/2018 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Burgess.

The licensee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Burgess provided documentation that she has over a year of experience as the licensee designee and administrator for Rivers Edge and Log Cabin AFCs.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. 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.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges 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.

The applicant 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 or 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.

The applicant t 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 or licensee designee, administrator, and direct care staff or volunteer and follow up the retention schedule for those document contained within each employee's record.

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

The applicant 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct and immediate investigation of the cause.

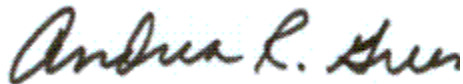
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violation

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via o-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



3/22/2019

Andrea Green
Licensing Consultant

Date

Approved By:



4/1/2019

Ardra Hunter
Area Manager

Date