



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 7, 2019

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

RE: Application #: AS820395644
Stonewall
17230 Fairfield
Livonia, MI 48152

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 "Karen Davis".

Karen Davis, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 296-5412

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820395644
Applicant Name:	Hope Network, S.E.
Applicant Address:	70 Lafayette Pontiac, MI 48342
Applicant Telephone #:	(248) 505-1987
Administrator/Licensee Designee:	Marlene Burgess
Name of Facility:	Stonewall
Facility Address:	17230 Fairfield Livonia, MI 48152
Facility Telephone #:	(248) 338-7458 08/03/2018
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/03/2018	Enrollment App submitted online 8/3/18 did not download
08/03/2018	Contact - Document Sent Rules and Acts books
08/03/2018	Application Incomplete Letter Sent 1326 for Marlene. 100 for Administrator
11/08/2018	Licensing Unit file referred for background check review Given to Candace Facility/People with Red screen.
11/15/2018	File Transferred to Field Office Detroit
12/04/2018	Application Incomplete Letter Sent
03/07/2019	Inspection Completed On-site
03/07/2019	Inspection Completed-BCAL Sub. Non-Compliance
04/11/2019	Inspection Completed-BCAL Full Compliance
04/11/2019	PSOR on Address Completed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a residential area in the city of Livonia. The address of the facility is located at 17230 Fairfield, Livonia MI 48152. The home is a spacious brick ranch home with a large fenced in backyard. The main entrance leads to the open living room and the formal dining room. The kitchen is open and connected to the formal dining area that can seat six people. The home has a sun room and wooden deck. The home has bedrooms on each side of the home, a total of five bedrooms and two full baths. The laundry room, and furnace room are both enclosed and vented, and is located on the main floor. The home is not wheelchair accessible. The facility utilizes public water supply and sewage disposal system.

The gas furnace and hot water heater are located on the main floor equipped with a 1-3/4 inch solid core door with an automatic 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom#1	15 x 14	168	2
Bedroom#2	14.5 x11.3	163	1
Bedroom#3	11.3x11.5	130	1
Bedroom#4	11.6 x11.4	132	1
Bedroom#5	13.4x 9.9	132	1

The indoor living and dining areas measure a total of 388 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 (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This facility is not wheelchair accessible and cannot accommodate wheelchairs.

B. Program Description

Hope Network, S.E. intends to provide 24-hour supervision, protection and personal care to six (6) both male and female residents who are mentally ill and developmentally disabled. The program will include *social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational, day programs, and employment. Transportation will be provided. Hope Network, S.E. referrals from CMH and residents with private sources for payment.*

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the Hope Network, S.E. to utilize local community resources for recreational activities including (*the public schools and library, local museums, shopping centers, churches, etc.*). These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

C. Applicant and Administrator Qualifications

Hope Network, S.E. a Domestic Non-Profit Corporation, 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. has submitted documentation appointing Marlene Burgess as licensee designee and as the administrator of the facility.

Criminal history background checks of Marlene Burgess as licensee designee and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. Marlene Burgess as licensee designee and as the administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Hope Network, S.E and Marlene Burgess as licensee designee /administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Marlene Burgess as licensee designee/administrator has been working with the Developmentally disabled and Mentally ill since 1978. She is currently the licensee designee for two facilities for Hope Network, S.E. at, #AS500011965 - Hathaway House and #AS500094564 - Baker Home.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of two (2) staff for six (6) residents per shift. Hope Network, S.E and Marlene Burgess as licensee designee /administrator 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. Hope Network, S.E and Marlene Burgess as licensee designee /administrator has indicated that direct care staff will not be awake during sleeping hours.

Hope Network, S.E and Marlene Burgess as licensee designee/administrator 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.

Hope Network, S.E and Marlene Burgess as licensee designee/administrator acknowledged an understanding of the responsibility to assess the good moral character of employees. Hope Network, S.E and Marlene Burgess as licensee designee/administrator acknowledge(s) 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.

Hope Network, S.E and Marlene Burgess licensee designee 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 Hope Network, S.E and Marlene Burgess as licensee designee /administrator will administer medication to residents. In addition, Hope Network, S.E and Marlene Burgess as licensee designee /administrator 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.

Hope Network, S.E and Marlene Burgess licensee designee 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, Hope Network, S.E and Marlene Burgess licensee designee 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 the retention schedule for those documents contained within each employee's record.

Hope Network, S.E and Marlene Burgess, licensee designee, acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Hope Network, S.E and Marlene Burgess, licensee designee, acknowledge the responsibility to obtain the required written assessment, 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.

Hope Network, S.E and Marlene Burgess, licensee designee, 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.

Hope Network, S.E and Marlene Burgess, licensee designee, acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Hope Network, S.E and Marlene Burgess licensee designee, 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.

Hope Network, S.E. and Marlene Burgess, licensee designee, 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. Hope Network, S.E. and Marlene Burgess, licensee designee, indicated the intent to respect and safeguard these resident rights.

Hope Network, S.E. and Marlene Burgess, licensee designee, 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.

Hope Network, S.E. and Marlene Burgess, licensee designee, 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.

Hope Network, S.E. and Marlene Burgess, licensee designee, 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 except for resident bedroom furniture, due to currently being in use at another licensed facility that will be moved once license is issued. I completed an onsite inspection and observed said furniture and will observe resident furniture in this facility and assess compliance during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 6.

 04/29/2019

Karen Davis Date
Licensing Consultant

Approved By:

 05/07/2019

Ardra Hunter Date
Area Manager