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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 7, 2019

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

RE: Application #: AS250395710
Lake Road
1220 West Lake Road
Clio, MI 48420

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 and special certification 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250395710
Applicant Name:	Hope Network, S.E.
Applicant Address:	70 Lafayette Pontiac, MI 48342
Applicant Telephone #:	(248) 338-7458
Administrator/Licensee Designee:	Debra McCovery
Name of Facility:	Lake Road
Facility Address:	1220 West Lake Road Clio, MI 48420
Facility Telephone #:	(248) 338-7458
Application Date:	08/08/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certifications:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/08/2018	Enrollment
08/09/2018	Application Incomplete Letter Sent 1326 for LD & AFC100 for admin
08/09/2018	Contact - Document Sent Rule and act books
08/09/2018	Lic. Unit file referred for background check review Red Screen for Debra McCoverly given to D. Campbell
10/17/2018	Contact - Document Received Record Clearance
10/17/2018	File Transferred to Flint Field Office
11/02/2018	Application Incomplete Letter Sent
04/02/2019	Contact - Document Received received required documents from applicant.
04/02/2019	Inspection Completed On-site
04/11/2019	Inspection Completed – Environmental Health: A
04/18/2019	Application Complete/On-site Needed
04/23/2019	Inspection Completed – BCAL Full Compliance
04/23/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lake Road is a ranch style home that is located in Clio, MI. The home is partially built into a hill and there is a two-car garage attached to the basement level, which has room for storage. The facility has a long driveway for parking space for staff and visitors. The home is owned by Genesee Health Systems.

The main level of the home consists of a living room, kitchen, dining area, two full baths, laundry room and three resident bedrooms. The level has a total of two entrance/exits, one at the front and one in the rear of the facility. There is a large wooden covered

porch at the front entrance and another large wooden deck located off the sliding glass doors in the dining area.

The basement level of the home consists of two staff offices, a recreation room and a furnace room. Directly off the recreation room area is the exit through two-car attached garage.

The furnace and hot water heater are located in the basement of the home and are separated from residents by a fully stopped, fire rated metal door that is equipped with an automatic self-closing device and positive-latching hardware. The furnace was last inspected by a certified HVAC technician on 10/23/18. There is at least one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	21' 6" x 18' 6" = 398 square feet	
Dining area	12' 4" x 9' 5" = 116 square feet	
Bedroom #1	12' x 12' = 144 square feet	2 residents
Bedroom #2	12' x 12' = 144 square feet	2 residents
Bedroom #3	14' 3" x 12' = 171 square feet	2 residents

The home has a private water supply and private sewage disposal system. The Genesee County Health Department completed an inspection at this home on 4/11/19 and gave it an "A" approval rating.

B. Program Description

Lake Road has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents age eighteen and over, who suffer from mental illness, and/or developmental disabilities. The program Lake Road offers is designed to maximize the desires, goals, strengths, abilities, needs, health, safety, and life span issues, of residents who have psychiatric or developmental challenges. It utilizes individualized treatment modalities in coordination with case management and/or outpatient services, to assist each resident in learning life skills and the management of challenging symptoms and behaviors. Lake Road provides both in-house and community-based activity programs that share a common emphasis on social skill development, along with community use and awareness. Residents may also have access to clubhouse, vocational programs, or work in supported or independent employment. The program provides meals, and transportation to community resources such as physical and mental health appointments, banks, malls, grocery stores, churches, libraries, local parks, etc.... This home is not wheelchair accessible.

C. Applicant and Administrator Qualifications

Hope Network Southeast is the applicant and Debra McCovery has been assigned as the licensee designee and administrator of the facility. A criminal history background check was completed for Ms. McCovery and she has been determined to be of good moral character. She submitted statements from a physician documenting his good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1-2 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](http://www.Miltcpartnership.org)), and the related documents required to be maintained in each employee's 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee,

administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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, the required forms and signatures to be completed for each resident on an annual basis.

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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving 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 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.

Debra McCoverly has a Master of Social Work (MSW) degree, over ten years of experience working with the mentally ill and developmentally disabled and four years of experience as a licensee designee for another licensed AFC home. Ms. McCoverly reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

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 an on-site inspection.

IV. RECOMMENDATION

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

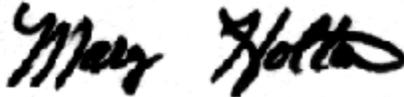


4/23/19

Christopher Holvey,
Licensing Consultant

Date

Approved By:



5/7/19

Mary E Holton
Area Manager

Date