



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 7, 2019

Jennifer Lockhart
Hope Network, S.E.
70 Lafayette
Pontiac, MI 48342

RE: Application #: AS330396591
Waverly Road
2678 W. Waverly Road
Lansing, MI 48911

Dear Mrs. Lockhart:

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 that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330396591
Applicant Name:	Hope Network, S.E.
Applicant Address:	70 Lafayette Pontiac, MI 48342
Applicant Telephone #:	(248) 338-7458
Licensee Designee:	Jennifer Lockhart
Administrator:	Julia Poneta
Name of Facility:	Waverly Road
Facility Address:	2678 W. Waverly Road Lansing, MI 48911
Facility Telephone #:	(517) 256-2939
Application Date:	10/01/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

10/01/2018	Enrollment Online enrollment
10/02/2018	Contact - Document Sent Rule & Act booklets
10/02/2018	Application Incomplete Letter Sent CI's for Jennifer (LD) & Julia (Admin); IRS ltr
10/03/2018	Inspection Report Requested - Health Inv. #1028737
10/03/2018	Contact - Document Received CI's for Jennifer & Julia; IRS ltr
10/19/2018	Inspection Completed-Env. Health : A
01/08/2019	Contact - Face to Face On-site at facility with Jennifer Lockhart
03/06/2019	Inspection Completed-BCAL Sub. Compliance Follow-up inspection
03/06/2019	Corrective Action Plan Received
03/06/2019	Corrective Action Plan Approved
03/13/2019	Contact - Document Sent Email to Jeni Lockhart for CEI/CMH
04/19/2019	Contact - Telephone call made Progress with bathroom repairs
06/20/2019	Contact - Document Received Follow up with Jennifer Lockhart regarding progress
08/01/2019	Contact - Document Received Follow up with Jennifer Lockhart
08/01/2019	Application Complete/On-site Needed
08/16/2019	Inspection Completed On-site
08/16/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Waverly Road is a single-story ranch style home located in south Lansing. The facility was previously licensed since 08/02/2001. The facility consists of four resident bedrooms, two full bathrooms, an open dining/living room area, a front foyer, kitchen, staff office, laundry room and attached two car garage. The facility has a half-circle driveway connected to a regular driveway leading to the garage, and an additional two parking spaces. The entire facility is at grade level making it wheelchair accessible with two approved means of egress. The main entrance of the facility leads into the front foyer, which leads into the open living room/dining room area. The back exit is in the living room area and leads to a large backyard. The home utilizes a private well for water supply and public sewage disposal system. An environmental health inspection was completed on 10/19/2019, which found the facility to be in full compliance.

The furnace and water heater are located in a room in the garage. The water heater has a relief valve, and the gas furnace was inspected and approved on 08/12/2019 by Goyette Mechanical.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and tested as fully operational during the on-site inspection. Approved fire extinguishers are located in the hallway near resident bedrooms, the kitchen, and the garage. Smoke detectors are in each resident bedroom, the hallway, foyer, and kitchen.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'9" x 14'6"	159.14	2
2	10'9" x 14'6"	159.14	1
3	12'4" x 14'6"	181.04	2
4	12'4" x 14'6"	181.04	1
Living Room And Dining	14'3 x 22'7"	324.61	
Foyer	12' x 12'	144	

The indoor living and dining areas measure a total of 468.61 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 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and female residents who are aged, physically handicapped, or developmentally disabled. The program is designed to maximize the desires, goals, strengths, abilities, needs, health, safety, and life span issues of these individuals. The program plans to utilize individualized treatment modalities (person-centered planning, behavior modification plans, medication management) in coordination with case management and/or outpatient services, to assist the person served in learning life skills and the management of challenging symptoms and behaviors.

The program is based on the principles of recovery and person-centered planning practices. It will provide training and support to persons served in their development of skills related to community living, problem solving, leisure, social relationships, and other areas that present barriers to living more integrated or independently in their communities. They plan to provide both in-house and community-based activity programs. While specifically varied, these activity programs share common emphasis on social skill development, along with community use and awareness. Additionally, persons served may attend vocational programs or work in supported or independent employment. In order to measure progress and assure individual treatment goals, persons served are encouraged to give input and evaluation of services through participation in on-going "house government" meetings.

Staffing hours and staffing to person served ratio may vary based upon the needs of the persons served in the home. However, all staff will be trained and competent in the Adult Foster Care required trainings in addition to any training required by individual personal care needs and placing agencies.

Licensed clinical, psychiatrist, nursing and case management services will be delivered through the responsible agency provider network. Pharmacy services are provided by a community pharmacy. Trained, program staff provide medication monitoring and administration. Room assignment is based upon individual need as opposed to financial resources. The program also provides meals, and transportation to community resources, such as physical and mental health appointments, banks, malls, grocery stores, churches, libraries, local parks and beaches.

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 Adult Foster Care residents along with income from the operation of 17 other active Adult Foster Care facilities and verification of at least three months of operating capital available for immediate use.

Jennifer Lockhart is the licensee designee for the facility. A criminal history clearance was completed on 10/03/2018 for Ms. Lockhart and no criminal convictions were found. Ms. Lockhart submitted a medical clearance dated 05/20/2019 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. Lockhart. Ms. Lockhart has over 30 years of experience in Adult Foster Care in a variety of roles and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Julia Poneta is the administrator for the facility. A criminal history clearance was completed on 10/03/2018 for Ms. Poneta and no criminal convictions were found. Ms. Poneta submitted a medical clearance dated 04/19/2019 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. Poneta. Ms. Poneta has over 16 years of experience in Adult Foster Care in a variety of roles and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

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 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 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 the retention schedule for those documents 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 acknowledge 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 an 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.

The applicant 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. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

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



09/09/2019

Derrick Britton
Licensing Consultant

Date

Approved By:



09/19/2019

Dawn N. Timm
Area Manager

Date