



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 7, 2019

Constance Adams  
Hope, Love and Grace, LLC  
395 E. Delaware  
Benton Harbor, MI 49022

RE: Application #: AS110397872  
**Hope Love & Grace**  
**789 Pipestone**  
**Benton Harbor, MI 49022**

Dear Ms. Adams:

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 5 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 "Ondrea Dillard", followed by a long horizontal line.

Ondrea Dillard, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001

enclosed

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110397872
<b>Applicant Name:</b>	Hope, Love and Grace, LLC
<b>Applicant Address:</b>	395 E. Delaware Benton Harbor, MI 49022
<b>Applicant Telephone #:</b>	269-252-3929
<b>Licensee Designee:</b>	Constance Adams
<b>Administrator:</b>	Constance Adams
<b>Name of Facility:</b>	Hope Love & Grace
<b>Facility Address:</b>	789 Pipestone Benton Harbor, MI 49022
<b>Facility Telephone #:</b>	(269) 252-3929
<b>Application Date:</b>	12/27/2018
<b>Capacity:</b>	5
<b>Program Type:</b>	Mentally Ill Developmentally Disabled Physically Handicapped

## II. METHODOLOGY

12/27/2018	Enrollment Online enrollment
01/04/2019	Contact - Document Sent Act booklet
01/04/2019	Application Incomplete Letter Sent CI's for Constance (LD & admin); IRS ltr
01/04/2019	Contact - Document Received CI's for Constance & IRS ltr
01/08/2019	Application Incomplete Letter Sent
04/10/2019	Inspection Completed On-site
05/02/2019	Application Incomplete Letter Sent
05/13/2019	Inspection Completed, BCAL full compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Hope, Love, and Grace is a two-story historical home in the city of Benton Harbor that has been totally refurbished. There are three bedrooms on the second floor for resident use, two for single occupancy and one for double occupancy. The main level of the home has one bedroom for single occupancy resident use and a full bath with a low-entry shower. The upper level has two full bathrooms with a bathtub and a half bathroom with a bathtub, sink but no toilet. The main level has a large living area, an ample dining area which is large enough to seat all five residents and a fully equipped kitchen. The licensee has agreed to set up no more than five beds to accommodate five residents. The home utilizes public water, sewage and trash service. The facility is close to numerous shops, restaurants and other local amenities common of a downtown area. Public transportation is also available for resident use if appropriate. The facility is not wheelchair accessible.

The home has a gas water heater and a gas forced-air heating system that are located in the basement. There is a 1 3/4" wide metal door that has a self-closing device and positive-latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

Resident bedrooms have the following dimensions:

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Capacity</b>
Bedroom #1	9'6" x 13'3"	125 sq. ft.	1
Bedroom #2	15'8" x 11'5"	179 sq. ft.	2
Bedroom #3	10'4" x 11'5"	118 sq. ft.	1
Bedroom #4	11'3" x 9'6"	107 sq. ft.	1

**Total capacity: 5**

The indoor and living and dining areas exceed 700 square feet of living space. This exceeds the minimum 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate five residents. It is the licensee's responsibility not to exceed the facility's capacity.

## **B. Program Description**

The applicant intends to provide 24-supervision, protection and personal care to the five male or female residents who are 18-65 years old and are mentally ill, physically handicapped or developmentally disabled. The program will include training to develop personal hygiene, personal adjustment, public safety, social interaction, and independent living skills. The applicant intends to provide an opportunity for involvement in educational or day programs, treatment activities or employment. The applicant intends to support behavioral treatment plans and assist residents with improving community involvement through supported shopping, activities and therapeutic participation, and activities through the local YMCA. The applicant intends to apply for special certification and intends to accept residents who meet the qualifications for specialized placement through Berrien Mental Health Authority.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including public schools and library, local museums, shopping centers, churches, the arts and outdoor activities to enhance the quality of life and increase the independence of residents.

## **C. Applicant and Administrator Qualifications**

The applicant is Hope, Love and Grace, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 3/30/2015. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate financial capability to operate this adult foster care facility. The members of Hope, Love and Grace, L.L.C. have submitted documentation appointing Constance Adams as licensee designee and administrator for this facility.

Criminal history background checks of Ms. Adams were completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Adams submitted a statement from a physician documenting her good health and current negative tuberculosis results.

Ms. Adams has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules for licensee designee and administrator. She has worked with the population she intends to serve through a variety of professional positions and provided documentation to support her experience and familiarity with licensing requirements. This experience includes a bachelor's degree with a major in Child and Family Development and a minor in Alcohol and drug addiction, and a master's degree in Educational Leadership with a minor in General Studies. Ms. Adams has two years' experience in Children Protective Services and two years experiencing managing Emergency Shelter Services in charge of the Michigan PATH program; in both positions she worked with many individuals with mental illness, physical disabilities and developmental disabilities. The PATH program is specifically designed for people with serious mental illness, including many with co-occurring substance abuse disorders. In addition, she has participated in multiple additional training opportunities including CPR, First Aid, medication management and administration, nutrition and menu planning, fire safety and communicable diseases.

The staffing pattern for the original license of the five-bed facility is adequate and includes a minimum of one staff for five residents per shift. The applicant has indicated that direct care staff will be awake during sleeping hours. The applicant acknowledged that the staff to resident ratio may need to be changed 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.

Ms. Adams 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 resident ratio.

Ms. Adams acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Adams acknowledged an understanding of the administrative rules regarding medication procedures and assured that only 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.

Ms. Adams 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 designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Adams 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 their 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 their 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 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Ms. Adams acknowledged 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.

Ms. Adams acknowledged 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.

Ms. Adams acknowledged their 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

