



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 04, 2020

Donald King
Hope Network, S.E.
70 Lafayette
Pontiac, MI 48342

RE: License #: AS500079507
Cedar Grove
11171 E. Eleven Mile Road
Warren, MI 48093

Dear Mr. King:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License#: AS500079507

Licensee Name: Hope Network, S.E.

Licensee Address: 70 Lafayette
Pontiac, MI 48342

Licensee Telephone #: (248) 338-7458

Licensee/Licensee Designee: Donald King

Administrator: Donald King

Name of Facility: Cedar Grove

Facility Address: 11171 E. Eleven Mile Road
Warren, MI 48093

Facility Telephone #: (586) 758-0355

Original Issuance Date: 01/16/1998

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/04/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
I observed medications.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
I observed medications.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

L. Reed

09/04/2020

LaShonda Reed
Licensing Consultant

Date