



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

December 2, 2003

Myra Burke
Hope Network Rehabilitation Services
1490 E Beltline SE
Grand Rapids, MI 49506

RE: Application #: AS410254891
HNRS Ada Home
948 Clifford Ave., SE
Grand Rapids, MI 49546

Dear Ms. Burke:

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 from 12-2-2003 through 6-1-2004.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Connie Yolles, Licensing Consultant
Bureau of Family Services
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0118

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS410254891

Applicant Name: Hope Network Rehabilitation Services

Applicant Address: 1490 E Beltline SE
Grand Rapids, MI 49506

Applicant Telephone #: (616) 940-0040

Administrator/Licensee Designee: Myra Burke, Designee

Name of Facility: HNRS Ada Home

Facility Address: 948 Clifford Ave., SE
Grand Rapids, MI 49546

Facility Telephone #: (616) 942-2722
11/08/2002

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
TRAUMATIC BRAIN INJURED

II. METHODOLOGY

11/08/2002	Enrollment
11/19/2003	Inspection Completed On-site The home was not totally furnished so a preliminary inspection was completed and the inspection will be completed on 11-24-2003
11/24/2003	Inspection Completed On-site
11/24/2003	Inspection Completed-BFS Full Compliance The inspection included inspections for environmental health and fire safety.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story barrier free facility located in a residential neighborhood off Cascade Road near Forest Hill Ave. The home has six bedrooms with bathrooms in each bedroom and a guest/ staff bathroom. The bedrooms all meet the space requirements for Adult Foster Care. There is adequate living space for all six residents and the staff in the common areas of the home including the living room, Dining area, and the sun porch.

The home is in compliance with all environmental health rules and fire safety rules.

The home is owned by Hope Network Rehabilitation Services (HNRS). Verification of the right to occupy the home is in the licensing file.

B. Program Description

The home is owned and operated by HNRS, A Michigan Non-profit Corporation established on 1-12-1983. A certificate of good standing has been obtained and is in the file. The names of the board of directors have been submitted and are on file with the Department. The corporation currently has licenses for three facilities and has applied for licensing for this facility and one other.

The good moral character of the licensee designee/ administrator has been checked and is acceptable.

The licensee has submitted the financial documents required and has been found to be in excellent shape, financially.

The licensee designee/ administrator has met the competency and health requirements for AFC. The home has an acceptable training program in place to train the employees to be hired for positions in the home. The licensee is aware of the rule requirements for staff files and will follow rule requirements.

The admission and discharge policies submitted are in compliance with AFC rules and have been approved by the department. The home will have a staffing ratio of one staff to 3 residents. Residents must be at least 18 years of age or older. Wheel chairs can be accommodated. There is no smoking allowed in the home but residents that are smokers will be admitted with the provision that they must smoke outside the facility.

Transportation will be assured by the home. The provision of transportation by the home will be provided in an eight-passenger van that is assigned for full time use by the home.

Resident Social and recreational activities are planned and coordinated by the residential supervisor. Games and cards are available in the home.

C. Rule/Statutory Violations

At the final inspection all rules were in compliance.

IV. RECOMMENDATION

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

Connie Yolles Date
Licensing Consultant

Approved By:

Yolanda Sims Date
Area Manager