



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 8, 2021

Judy Naranjo
Hope Network, S.E.
PO Box 190179
Burton, MI 48519

RE: Application #:	AS250404568 New Hope Fenton Hills 1253 Woodnoll Dr Flint, MI 48507
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Dear Ms. Naranjo:

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250404568
Applicant Name:	Hope Network, S.E.
Applicant Address:	PO Box 190179 Burton, MI 48519
Applicant Telephone #:	(248) 505-1987
Administrator/Licensee Designee:	Trina Wicks, Administrator Judy Naranjo, Licensee Designee
Name of Facility:	New Hope Fenton Hills
Facility Address:	1253 Woodnoll Dr Flint, MI 48507
Facility Telephone #:	(810) 600-2717
Application Date:	05/21/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/21/2020	Enrollment Online application download failure
05/22/2020	Contact - Document Received 1326 for Kayonna
05/27/2020	Application Incomplete Letter Sent RI030 for Kayonna
05/27/2020	Comment 1326 is not signed. Returned to Applicant
08/27/2020	Application Incomplete Letter Sent
08/27/2020	Contact - Document Sent Special cert. app and medical clearance sent to licensee
10/05/2020	Application Incomplete Letter Sent 2nd incomplete app sent
11/16/2020	Application Incomplete Letter Sent Via email
03/30/2021	Application Incomplete Letter Sent Via email to Debra McCovery
04/15/2021	SC-Application Received - Original
06/17/2021	Inspection Completed On-site
06/17/2021	Inspection Completed-BCAL Sub. Compliance
10/13/2021	Inspection Completed-BCAL Sub. Compliance
11/08/2021	Inspection Completed-BCAL Full Compliance
11/08/2021	SC-Inspection Full Compliance
11/08/2021	SC-Recommend MI and DD
11/08/2021	SC-Intent letter sent
11/08/2021	SC-Certification issued MI and DD
11/08/2021	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

New Hope Fenton Hills Adult Foster Care facility is located at 1253 Woodnoll Drive, in the Township of Mundy, Flint, Michigan. Hope Network, S.E. purchased the house and property on April 3, 2020. Hope Network is a Michigan corporation that was established on October 5, 2006. Hope Network S.E. is the licensee for New Hope Fenton Hills.

This facility is a large, 2-story home with a partially finished basement that was built in 1972. The residents have access to the entire home excluding the basement. The home is located in a well-established neighborhood and has a partially fenced in back yard. The main floor consists of a kitchen, dining room, two living rooms, and a half bathroom.

The second floor consists of four bedrooms and two full bathrooms. Bedrooms #1 and #4 are double occupancy rooms, while Bedrooms #2 and #3 are single occupancy rooms. One of the full bathrooms is attached to Bedroom #4 and the second full bathroom is located in the hallway and is available for all residents' use. Both full bathrooms have safety bars in the shower and all bedrooms are fully furnished.

The kitchen is fully operational, and the dining room has adequate seating for all residents. There is a back deck/sitting area for resident use. There are three separate, independent means of egress: The front door which opens into the foyer, the side door which leads to the garage, and the sliding glass door which leads to the back yard. All egress doors are equipped with non-locking-against-egress, positive-latching hardware. The home is not wheelchair accessible.

The furnace, hot water heater, and washer and dryer are located in the partially finished basement. The dryer has a solid metal vent which vents directly to the outside. On 4/13/21, the furnace, air conditioner and hot water heater were inspected by Veteran's Mechanical and deemed to be in safe operating condition. The basement is not intended for resident use. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware which is located at the top of the stairs. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Smoke detectors are located throughout the facility as required by R 400.14505. There is a fire extinguisher on each floor of the home. This facility has a public water and sewer system.

The bedrooms were measured during my onsite inspection and have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	12'1" x 11'	133	1
#2	11'10" x 11'5"	135	2
#3	10'2" x 10'8"	119	1

#4	17'1" x 17'1"	292	2
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The two living rooms and dining room measure a total of 595 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, and/or physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from various community mental health agencies.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Hope Network, S.E. which is a Non-Profit Corporation that was established in Michigan, on 10/05/06. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Hope Network, S.E. has submitted documentation appointing Judy Naranjo as Licensee Designee for this facility and Trina Wicks as Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2-staff-to-6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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 and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the IdentoGo website (www.identogo.com), by MorphoTrust USA and the related documents required to be maintained in each employee 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 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 volunteer and the retention schedule for all the documents contained within each employee’s file.

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 and accident involving a 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 their responsibility to obtain all the required 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. In addition, 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 the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 6.
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Susan Hutchinson

November 8, 2021

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

November 8, 2021

Mary E Holton Area Manager	Date
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