



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 15, 2022

David Paul  
Hope Network Behavioral Health Services  
PO Box 890  
3075 Orchard Vista Drive  
Grand Rapids, MI 49518-0890

RE: License #: AL820395614  
**Harbor Point Dearborn Heights**  
**6500 N Inkster Road**  
**Dearborn Heights, MI 48127**

Dear Mr. Paul:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AL820395614

**Licensee Name:** Hope Network Behavioral Health Services

**Licensee Address:** PO Box 890  
3075 Orchard Vista Drive  
Grand Rapids, MI 49518-0890

**Licensee Telephone #:** (616) 430-7952

**Licensee/Licensee Designee:** David Paul, Designee

**Administrator:**

**Name of Facility:** Harbor Point Dearborn Heights

**Facility Address:** 6500 N Inkster Road  
Dearborn Heights, MI 48127

**Facility Telephone #:** (313) 908-4459

**Original Issuance Date:** 08/12/2019

**Capacity:** 13

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/28/2022, 02/09/2022

Date of Bureau of Fire Services Inspection if applicable: 02/02/2022, 12/10/2021

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 02  
No. of residents interviewed and/or observed 03  
No. of others interviewed 01 Role: licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to the Covid-19 pandemic, face-to-face contact was limited to mitigate risks.
- 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.
- 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:  
03/16/22: 204(3)(d)(f), 301(6)(b), and 311(1) 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 found to be in non-compliance with the following rules:

**R 330.1803 Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

There were 12 residents placed in care (for at least 30 days) during the review period. Only 2 of 12 E-scores were completed within the 30-day requirement, 2 of 12 E-scores were completed past the 30-day requirement, 8 of 12 had no E-scores at all.

The licensee designee, David Paul reported E-scores had not been completed as required.

**R 400.15204            Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(f) Safety and fire prevention.**

Direct care worker, Reba Murray was hired on 9/2/21; she does not have verification of completion of Safety and fire prevention training.

Mr. Paul reported he could not locate a copy of Ms. Murray's training certificate, so it appears she has yet to complete the training. Mr. Paul indicated Ms. Murray would be scheduled to attend the training to assure she is fully trained.

**R 400.15301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

The licensee designee did not sign Resident A's AFC assessment plan at the time of his admission to the home on 8/9/21; the plan is dated 8/9/21.

The licensee designee could not locate Resident B's AFC assessment plan signed by the guardian. Per Mr. Paul the copy with the guardian's signature may not be uploaded to the licensee's electronic filing system.

**R 400.15301          Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(b) A description of services to be provided and the fee for the service.

All Resident Care Agreements (RCA) fail to include the basic fee for service. The fee is written on Resident A-C's RCA as "SSI rate."

This is a **REPEAT VIOLATION**; see Renewal LSR dated 2/27/22. An acceptable corrective action plan was received and approved on 3/16/20.

**R 400.15315          Handling of resident funds and valuables.**

(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.

The licensee did not provide upon request, a complete accounting of all resident funds and valuables or payments made to the home on behalf of Resident A and B. According to Cheri Gard, Senior Director of Business, Resident A's daily per diem is paid by an outside source (Monroe County Community Mental Health). The per diem covers Staffing and facility charges. Mr. Paul reported Resident B's finances are handled similar to Resident A.

Additionally, upon review of all available cash on hand, Mr. Paul discovered 3 of 5 residents had missing funds. Specifically, Resident A is missing \$243.71, Resident B is missing \$29.90, and Resident C is missing \$40. The monies were kept in a locked safe at the facility. Multiple Staff had the code to the safe, so it has not been determined what happened to the resident funds. Mr. Paul has since reported the missing funds were reconciled to each resident by the licensee. Per Mr. Paul these funds were replaced on 2/8/22. Access to the safe has been limited to fewer Staff.

**R 400.15315            Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A's Resident Funds I form was not signed by Mr. Paul who reported a possible computer glitch with their electronic filing system that would not allow the licensee designee to sign this document.

The licensee uses an internal ledger to document payments made to the home. Therefore, Mr. Paul failed to assure a department form was used to record cost of care fund transactions.

Per Mr. Paul, he could only locate fund transactions for Resident B starting 10/11/21. The period of 4/12/21-10/10/21 is unaccounted for.

**R 400.15315            Handling of resident funds and valuables.**

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.



Observed the licensee has maintained more than \$200 cash on hand for residents. As of 1/19/22, Resident A was scheduled to have \$370.00 available cash for safekeeping.

**R 400.15316**

**Resident records.**

(1)(a) Identifying information, including, at a minimum, all of the following:

- (i) Name.
- (ii) Social security number, date of birth, case number, and marital status.
- (iii) Former address.
- (iv) Name, address, and telephone number of the next of kin or the designated representative.
- (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.
- (vi) Name, address, and telephone number of the preferred physician and hospital.
- (vii) Medical insurance.
- (viii) Funeral provisions and preferences.
- (ix) Resident's religious preference information.

Resident ID info does not include funeral provisions and preferences (refer to Consumer Face Sheet).

**R 400.15318**

**Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Mr. Paul did not assure fire drills were completed as required.

- No SLEEP drill during the 2<sup>nd</sup> quarter of 2020.
- No EVENING drill during the 3<sup>rd</sup> quarter of 2020.
- No record of any fire drills Jan 2021 through December 2021. Mr. Paul said they simply weren't done in 2021. However, he has plans in place to ensure proper evacuation procedures are completed quarterly.

**R 400.15402      Food service.**

(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.

Observed a 6 pound can of tropical fruit salad on the kitchen floor during a walk through of the facility. Mr. Paul seemed equally surprised to find the canned food on the floor. He commented, "It definitely doesn't belong here," referring to the canned food item.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended with increased monitoring.



02/15/22

\_\_\_\_\_  
Date

Licensing Consultant