



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 3, 2022

Terrence Parker
H.O.P.E. HOUSING, LLC
2200 West 11 Mile Road, Suite 2105
Southfield, MI 48037

RE: Application #: AS820403676
H.O.P.E HOUSING
14209 Ilene
Detroit, MI 48210

Dear Mr. Parker:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. 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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820403676
Applicant Name:	H.O.P.E. HOUSING LLC
Applicant Address:	14209 Ilene Detroit, MI 48210
Applicant Telephone #:	(313) 585-7639
Administrator/Licensee Designee:	Terrence Parker, Designee
Name of Facility:	H.O.P.E HOUSING
Facility Address:	14209 Ilene Detroit, MI 48210
Facility Telephone #:	(313) 397-2193
Application Date:	02/26/2020
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/26/2020	Enrollment
02/26/2020	Application Incomplete Letter Sent fps, ri030, AFC 100, IRS letter
02/26/2020	Contact - Document Sent forms
03/25/2020	Contact - Document Sent Since App. Inc. Letter via e-mail.
03/31/2020	Contact - Document Received 1326, AFC 100, ri030
05/19/2020	File Transferred to Field Office Detroit
06/18/2020	Application Incomplete Letter Sent 1st letter
09/29/2020	Application Incomplete Letter Sent
09/29/2020	Contact - Telephone call made Telephone call to applicant Terrence Parker.
10/27/2020	Contact - Document Received Enrollment documents received.
03/04/2021	Contact - Telephone call received Telephone call from applicant. He will send the additional documents requested in the next two weeks.
03/18/2021	Contact - Telephone call received Telephone call from Mr. Parker. Message left.
03/18/2021	Contact - Document Sent Text to Mr. Parker
03/24/2021	Contact - Telephone call made Telephone call to Mr. Parker to review the documents still needed.
03/24/2021	Contact - Document Sent Text sent to applicant listing the additional documents needed.

04/13/2021	Contact - Document Received Enrollment packet received from Mr. Parker with requested documents and changes.
06/02/2021	Inspection Completed On-site Physical plant violations exist.
07/13/2021	Application Incomplete Letter Sent (2 nd letter)
12/03/2021	Inspection Completed On-site Physical plant violations exist.
02/10/2022	Inspection Completed On-site Full compliance
02/24/2022	Contact – Document Sent Email to Mr. Parker requesting final supporting documents, like updated medical clearance and financial statements.
02/28/2022	Contact – Document Received Received final supporting documents via fax
03/01/2022	Contact – Telephone call made Notified Mr. Parker that bedroom sizes can only accommodate one resident per room.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The H.O.P.E Housing home is located on Detroit’s northwest side in a residential neighborhood. There is access to major freeways and several local businesses, including restaurants and gas stations. The home was originally a 2-family-flat that was converted to a single-family home. It is now being used as a 2-story dwelling. The home is built next to a vacant lot that’s also being used by the owner. The home is comprised of 5 bedrooms (2 down, 3 up), 2 full bathrooms, separate living room and dining rooms on the main level, large kitchen, additional sitting room on the second floor, and an unfinished basement.

The furnace and hot water heater are in the basement behind a steel door with a 90-minute fire resistant rating. The door is equipped with an automatic self-closing device and positive latching hardware located at the top of the basement stairs. The facility is equipped with an interconnected smoke detection system that is hardwired through the

home's electrical system. The system was installed by a professional contractor and is fully operational.

The home **cannot** accommodate persons who require the regular use of a wheelchair.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.42 X 10.17	96	1
2	11.25 X 9.42	106	1
3	9.33 X 10	93	1
4	9.33 X 12	112	1
5	12 X 10	120	1

The living, dining, and sitting room areas measure a total of 495 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 **five (5)** 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 **FIVE (5)** male or female ambulatory adults whose diagnosis is **developmentally disabled or mentally impaired**, 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 by: (word-of-mouth or referrals from mental health providers).

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 Housing, L.L.C., which is a Domestic Limited Liability Company, was established in Michigan, on 7/10/18. 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 Housing, L.L.C. has submitted documentation appointing Terrence Parker as Licensee Designee for this facility and Terrence Parker as the 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 5-bed facility is adequate and includes a minimum of 1-Staff to 5-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 Michigan Long Term Care Partnership website (www.miltcpartnership.org), Identego™ (formerly L-1 Identity Solutions®), and the related documents required to be maintained in each employees 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 of 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 of 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 of 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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 5).

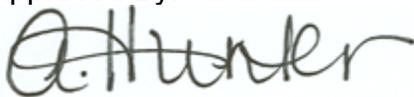


03/02/22

Kara Robinson
Licensing Consultant

Date

Approved By:



03/03/22

Ardra Hunter
Area Manager

Date