



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 5, 2022

Ryan Wickson  
Hope Shores, LLC  
10242 McKinley Rd  
Montrose, MI 48457

RE: Application #: AS250410559  
Hope Shores Linden Rd  
12237 N. Linden Rd  
Clio, MI 48426

Dear Mr. Wickson:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 931-1092

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250410559
<b>Licensee Name:</b>	Hope Shores, LLC
<b>Licensee Address:</b>	10242 McKinley Rd Montrose, MI 48457
<b>Licensee Telephone #:</b>	(810) 429-0919
<b>Licensee Designee:</b>	Ryan Wickson
<b>Administrator:</b>	Ryan Wickson
<b>Name of Facility:</b>	Hope Shores Linden Rd
<b>Facility Address:</b>	12237 N. Linden Rd Clio, MI 48426
<b>Facility Telephone #:</b>	(810) 964-0412
<b>Application Date:</b>	10/12/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED
<b>Special Certification:</b>	Mentally Ill Developmentally Disabled

## II. METHODOLOGY

10/12/2021	On-Line Enrollment
10/12/2021	SC-Application Received - Original
10/13/2021	Contact - Document Sent 1326, RI030, AFC100
10/13/2021	Inspection Report Requested - Health Invoice No : 1032058
11/08/2021	Inspection Completed-Env. Health : C
01/20/2022	Contact - Document Received 1326/Fingerprint/RI 030 for Ryan Wickson
01/24/2022	File Transferred To Field Office Flint via SharePoint
02/08/2022	Application Incomplete Letter Sent
05/01/2022	Application Complete/On-site Needed
06/09/2022	SC-ORR Response Requested
06/09/2022	SC-ORR Response Received-Approval
06/09/2022	SC-Inspection Completed On-Site
06/09/2022	SC-Inspection Full Compliance
06/09/2022	SC-Recommend MI and DD
06/09/2022	Inspection Completed On-site
06/09/2022	Inspection Completed-BCAL Full Compliance
06/27/2022	Inspection Completed-Env. Health : A
07/05/2022	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single-story home located in Clio, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is equipped with a wheelchair ramp and a second means of egress opening to the ground level. This facility is wheelchair accessible. This facility utilizes public sewer and a private well. This home is owned by Hope Shores, LLC.

The hot water heater and furnace are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace was inspected on 6/7/22 and is in good working order.

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

Location	Dimensions	Square Footage	Capacity
Bedroom #1	15'X11'	165 sq. ft.	2
Bedroom #2	15'X11'	165 sq. ft.	2
Bedroom #3	15'X11'	165 sq. ft.	2
<b>Total Capacity = 6 residents</b>			

There are two full bathrooms for resident use on the same level as the resident bedrooms. The living room area measures 368 sq. ft. and a separate sitting room area measures 204 sq. ft. The dining room contains a table and six chairs with room to serve six residents. The laundry area is located in the basement of this facility and is adequate to serve the needs of six residents.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the applicant'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 adults whose diagnosis is developmentally disabled, mentally ill, physically handicapped, or traumatic brain injury 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.

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 applicant 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 Shores, LLC. 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.

Ryan Wickson is the licensee designee and administrator for the applicant. Mr. Wickson has submitted documentation to demonstrate that her experience meets the requirements for licensee designee and administrator.

A licensing record clearance request was completed with no criminal convictions recorded for Mr. Wickson. Mr. Wickson submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has 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 1 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 Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)),

L-1 Identity Solutions™ (formerly Identix ®), 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 applicant, 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 applicant, 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**

Compliance with the licensing act and applicable administrative rules related to the physical plant has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).



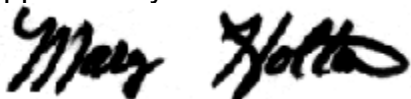
7/05/22

---

Kent W Gieselman  
Licensing Consultant

Date

Approved By:



7/05/22

---

Mary E Holton  
Area Manager

Date