



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 16, 2022

Andrew Davenport
Hope Network West Michigan
PO Box 890
Grand Rapids, MI 49501-0141

RE: License #: AS410011616
Elmhurst AFC
2143 Osceola Drive, SE
Grand Rapids, MI 49506-5372

Dear Mr. Davenport:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #: AS410011616

Licensee Name: Hope Network West Michigan

Licensee Address: PO Box 890
Grand Rapids, MI 49518

Licensee Telephone #: (616) 430-9454

Licensee/Licensee Designee: Andrew Davenport

Administrator: Andrew Davenport

Name of Facility: Elmhurst AFC

Facility Address: 2143 Osceola Drive, SE
Grand Rapids, MI 49506-5372

Facility Telephone #: (616) 243-5667

Original Issuance Date: 03/29/1990

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/15/2022

Date of Bureau of Fire Services Inspection if applicable: 09/15/2022

Date of Health Authority Inspection if applicable: 09/15/2022

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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: 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

Rebecca Piccard September 16, 2022

Rebecca Piccard
Licensing Consultant

Date