



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

February 28, 2023

William Paige  
Hope Network, S.E.  
PO Box 190179  
Burton, MI 48519

RE: License #:	AM250281878
Investigation #:	2023A0872023
	New Hope Behavioral Services I

Dear Mr. Paige:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial 'S'.

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  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250281878
<b>Investigation #:</b>	2023A0872023
<b>Complaint Receipt Date:</b>	01/31/2023
<b>Investigation Initiation Date:</b>	01/31/2023
<b>Report Due Date:</b>	04/01/2023
<b>Licensee Name:</b>	Hope Network, S.E.
<b>Licensee Address:</b>	PO Box 190179 Burton, MI 48519
<b>Licensee Telephone #:</b>	(586) 206-8869
<b>Administrator:</b>	Tara Maynie
<b>Licensee Designee:</b>	William Paige
<b>Name of Facility:</b>	New Hope Behavioral Services I
<b>Facility Address:</b>	Suite A 1110 Eldon Baker Dr. Flint, MI 48507
<b>Facility Telephone #:</b>	(810) 742-3134
<b>Original Issuance Date:</b>	05/06/2006
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/25/2021
<b>Expiration Date:</b>	09/24/2023
<b>Capacity:</b>	8
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The residents were relocated to a hotel from 08/03/22 through 08/10/22. The resident medications were recorded on a paper medication administration record (MAR) rather than electronically. The facility does not have a record of the MARs.	Yes

**III. METHODOLOGY**

01/31/2023	Special Investigation Intake 2023A0872023
01/31/2023	Special Investigation Initiated - Letter I emailed the licensee designee requesting information about this complaint
01/31/2023	APS Referral I made an APS complaint via email
02/02/2023	Inspection Completed On-site Unannounced
02/02/2023	Contact - Document Received Documents received from Mr. Paige
02/27/2023	Contact - Telephone call made I spoke to Mr. Paige about this complaint
02/27/2023	Exit Conference I conducted an exit conference with the licensee designee, William Paige
02/28/2023	Inspection Completed-BCAL Sub. Compliance

**ALLEGATION:** The residents were relocated to a hotel from 08/03/22 through 08/10/22. The resident medications were recorded on a paper medication administration record (MAR) rather than electronically. The facility does not have a record of the MARs.

**INVESTIGATION:** On 01/31/23, I emailed the licensee designee, William Paige, requesting information about this complaint.

On 02/02/23, I conducted an unannounced onsite inspection of New Hope Behavioral Services I Adult Foster Care facility. I interviewed the administrator, Tara Maynie and observed several residents who all appeared to be dressed appropriately and well supervised.

Ms. Maynie confirmed that the seven residents were relocated to a hotel in August 2022 due to a water leak. While at the hotel, staff administered the resident medications and documented it on written medication logs rather than in the computer like they normally do. Ms. Maynie said that to her knowledge, some of the medication logs are missing. She said that all medications were administered as prescribed, the facility just cannot locate the paper medication logs.

On 02/02/23, I received an email from the licensee designee, William Paige. He said that they were able to find two of the medication logs from two of the residents but have been unable to locate the medication logs from the other residents. Mr. Paige said that he and management are still looking for the logs.

I reviewed two medication logs regarding two residents for the time period of 08/03/22 – 08/10/22.

On 02/27/23, I interviewed Mr. Paige via telephone. Mr. Paige stated that after searching further, they have been unable to locate the remainder of the medication logs.

On 02/27/23, I conducted an exit conference with the licensee designee, William Paige via telephone. I told Mr. Paige which rule violation I am substantiating. He agreed to complete and submit a corrective action plan upon the receipt of my investigation report.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b> <b>(b) Complete an individual medication log that contains all of the following information:</b> <b>(i) The medication.</b> <b>(ii) The dosage.</b> <b>(iii) Label instructions for use.</b> <b>(iv) Time to be administered.</b> <b>(v) The initials of the person who administers the</b>

	<p>medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p>
<b>ANALYSIS:</b>	<p>The residents were relocated to a hotel from 08/03/22 – 08/10/22.</p> <p>According to the licensee designee and the administrator, staff administered the medications to the residents as prescribed and documented the medication administration on written logs rather than electronically like they normally do.</p> <p>As of 02/27/23, the facility is not able to locate all the MARs from this time period.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.

*Susan Hutchinson*

February 28, 2023

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

February 28, 2023

Mary E. Holton Area Manager	Date
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