

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 10, 2023

Sandra Costello Hope/Spectrum Health CCG 2775 East Lansing East Lansing, MI 48823

RE: License #: AS330313722 Hope Network Oakwood Residential Services 2701 E. Lansing Drive East Lansing, MI 48823

Dear Ms. Costello:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• You are to submit documentation of compliance.

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 (517) 284-9730.

Sincerely,

Jana Lipps, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AS330313722
Licensee Name:	Hope/Spectrum Health CCG
Licensee Address:	3375 South Division Grand Rapids, MI 49501
Licensee Telephone #:	(517) 332-1616
Licensee/Licensee Designee:	Sandra Costello
Administrator:	Sandra Costello
Name of Facility:	Hope Network Oakwood Residential Services
Facility Address:	2701 E. Lansing Drive East Lansing, MI 48823
Facility Telephone #:	(517) 332-1616
Original Issuance Date:	11/20/2012
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date o	of On-site Inspection(s):	05/10/2023	
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: N/A			
No. of staff interviewed and/or observed2No. of residents interviewed and/or observed3No. of others interviewed4Role:licensee designee, supp. staff			
• N	ledication pass / simulated pass observed?	? Yes 🛛 No 🗌 If no, explain.	
• N	ledication(s) and medication record(s) revie	ewed? Yes 🛛 No 🗌 If no, explain.	
 Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 			
• F	● Fire drills reviewed? Yes ⊠ No □ If no, explain.		
• F	ire safety equipment and practices observe	ed? 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. 			
• Ir	ncident report follow-up? Yes 🖂 No 🗌 If	no, explain.	
• C	Corrective action plan compliance verified? N/A ⊠	Yes 🗌 CAP date/s and rule/s:	
• N	lumber of excluded employees followed-up	o? N/A ⊠	
	/ariances? Yes ⊠ (please explain) No □		

The licensee designee has a current variance for Rule 315.3 regarding resident funds transacation forms. The licensee designee continues to utilize a computer software program to track resident funds. The program was reviewed at today's on-site inspection.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Resident A & Resident B's room and board charges on their *Resident Care Agreement* forms did not reflect the amount they were charged on the April 2023 resident funds record. The electronic funds record was reviewed during this inspection and found that both Resident A and Resident B were overcharged for their room and board in the month of April 2023.

IV. RECOMMENDATION

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

05/10/23

Jana Lipps Licensing Consultant Date