

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 17, 2023

Jennifer Brown Hope Network Rehabilitation Serv 1490 E Beltline SE Grand Rapids, MI 49506

RE: License #: AL410083024

**Wildwood Residential Services** 

3492 Lake Drive SE

Grand Rapids, MI 49546-4338

Dear Ms. Brown:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Toya Zylstra, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

(616) 333-9702

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

#### I. IDENTIFYING INFORMATION

**License #:** AL410083024

Licensee Name: Hope Network Rehabilitation Serv

**Licensee Address:** 1490 E Beltline SE

Grand Rapids, MI 49506

**Licensee Telephone #:** (616) 643-3977

**Licensee/Licensee Designee:** Jennifer Brown, Designee

Administrator: Jennifer Brown

Name of Facility: Wildwood Residential Services

**Facility Address:** 3492 Lake Drive SE

Grand Rapids, MI 49546-4338

**Facility Telephone #:** (616) 356-0183

Original Issuance Date: 02/26/1999

Capacity: 16

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

#### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	06/30/2	2023	
Date	e of Bureau of Fire Services Inspection if appl	licable:	12/13/2022	
Date	e of Health Authority Inspection if applicable:		06/30/2023	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed  N/A  Role:		4 15	
•	Medication pass / simulated pass observed?	Yes 🛭	☑ No ☐ If no, explain.	
•	Medication(s) and medication record(s) review	wed? `	Yes ⊠ No □ If no, explain.	
	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	xplain.		
•	Fire safety equipment and practices observe	d? Yes	s ⊠ No □ If no, explain.	
	E-scores reviewed? (Special Certification Or If no, explain.  Water temperatures checked? Yes ⊠ No [	•		
	Incident report follow-up? Yes ☐ No ☒ If N/A	no, exp	lain.	
	Corrective action plan compliance verified?  N/A	Yes 🗌	CAP date/s and rule/s:	
•	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.

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

R 400.15318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Finding: Fire drill records indicated fire drills were completed 07/29/2021 1<sup>st</sup> shift (daytime hours) and 09/29/2021 3<sup>rd</sup> shift (sleeping hours). No fire drill was completed during the quarter during the 2<sup>nd</sup> shift (evening hours).

Exit Conference Onsite: Licensee Designee Jennifer Brown agreed with the finding and stated she would submit an acceptable Corrective Action Plan.

R 400.15403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

Finding: Two bathrooms were observed with shower flooring in disrepair that constitutes a fall danger and hazard of injury. The flooring was observed to be wearing away and exposing sharp edging and a trip hazard.

Exit Conference Onsite: Licensee Designee Jennifer Brown agreed with the finding and stated she would submit an acceptable Corrective Action Plan.

#### IV. RECOMMENDATION

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

07/17/2023

Toya Zylstra Date

Licensing Consultant

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