



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 1, 2023

Leslie Wilson  
Hope Network Behavioral Health Services  
PO Box 890  
3075 Orchard Vista Drive  
Grand Rapids, MI 49518-0890

RE: License #: AS280414522  
**North Hope Crisis**  
**844 Indian Trail Blvd**  
**Traverse City, MI 49686**

Dear Leslie Wilson:

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 and special certification 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, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AS280414522
<b>Licensee Name:</b>	Hope Network Behavioral Health Services
<b>Licensee Address:</b>	PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
<b>Licensee Telephone #:</b>	(616) 430-7952
<b>Licensee Designee:</b>	Leslie Wilson
<b>Administrator:</b>	Leslie Wilson
<b>Name of Facility:</b>	North Hope Crisis
<b>Facility Address:</b>	844 Indian Trail Blvd Traverse City, MI 49686
<b>Facility Telephone #:</b>	(616) 591-4891
<b>Original Issuance Date:</b>	03/30/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/31/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 2 Role: Facility medical staff - RN

- 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

The facility is in compliance with all applicable rules and statutes.

On August 31, 2023, I conducted an exit conference with Licensee Designee Leslie Wilson. I explained my findings as noted above. Ms. Wilson stated she understood the findings, had no further information to provide concerning this renewal inspection and had no further questions.

#### IV. RECOMMENDATION

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



September 1, 2023

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Bruce A. Messer  
Licensing Consultant

Date