

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 30, 2023

Marcy Bos Hope Network Rehabilitation Serv 1490 E Beltline SE Grand Rapids, MI 49506

RE: License #: AS390299099

HNRS - Eastwood House 2236 Brook Drive

Kalamazoo, MI 49048

Dear Marcy Bos:

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 (517) 284-9730.

Sincerely,

Cathy Cushman, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664

Lansing, MI 48909 (269) 615-5190

Carry Cuchman

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

I. IDENTIFYING INFORMATION

License #: AS390299099

Licensee Name: Hope Network Rehabilitation Serv

Licensee Address: 1490 E Beltline SE

Grand Rapids, MI 49506

Licensee Telephone #: (269) 270-8473

Licensee Designee: Marcy Bos

Administrator: Marcy Bos

Name of Facility: HNRS - Eastwood House

Facility Address: 2236 Brook Drive

Kalamazoo, MI 49048

Facility Telephone #: (269) 492-7205

Original Issuance Date: 06/01/2011

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date	e of On-site Inspection:	10/23/2023		
Date	of Bureau of Fire Service	es Inspection if applicable:	N/A	
Date	e of Health Authority Inspe	ection if applicable: N/A		
No.	of staff interviewed and/o of residents interviewed a of others interviewed		3 5 ee/Admin	
•	Medication pass / simula	ted pass observed? Yes ⊠	No ☐ If no, explain.	
•	Medication(s) and medic	ation record(s) reviewed? Y	es 🛭 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	s ⊠ No □ If no, explain.		
•	Fire safety equipment an	d practices observed? Yes	⊠ No If no, explain.	
	If no, explain.	ecial Certification Only) Yes		
•	Incident report follow-up?	? Yes ⊠ No □ If no, expla	in.	
	Corrective action plan co N/A ⊠ Number of excluded emp	mpliance verified? Yes 🗌 (CAP date/s and rule/s: N/A ⊠	
•	Variances? Yes ☐ (plea	ase explain) No 🗌 N/A 🔀		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

FINDING: The bathroom on the right side of the facility's hallway was not functioning. On 10/26/2023, the Licensee Designee, Marcy Bos, sent picture verification a new vent had been purchased.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

FINDING: The door at the top of the stairs was not a 1 ¾ inch solid wood core door or equivalent; therefore, there was no floor separation from the basement to the first floor. Additionally, the door at the top of the stairs was not self-closing, as required.

The self-closer can be pneumatic, spring hinge closer, spring-loaded hinge, weighted closer, or other closing devices that will accomplish the purpose of closing and latching the door when it is released from any position.

IV. RECOMMENDATION

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

Corry Cushman		
0	10/30/2023	
Cathy Cushman Licensing Consultant		Date