



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

March 4, 2024

Katrina Lisik  
Hope Network, S.E.  
PO Box 190179  
Burton, MI 48519

RE: Application #: AS090418047  
Bay Valley  
6050 Bay Valley Rd  
Bay City, MI 48706

Dear Katrina Lisik:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS090418047
<b>Applicant Name:</b>	Hope Network, S.E.
<b>Applicant Address:</b>	PO Box 190179 Burton, MI 48519
<b>Applicant Telephone #:</b>	(989) 482-7039
<b>Administrator:</b>	Katrina Lisik
<b>Licensee Designee:</b>	Katrina Lisik
<b>Name of Facility:</b>	Bay Valley
<b>Facility Address:</b>	6050 Bay Valley Rd Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 482-7039
<b>Application Date:</b>	11/15/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

11/15/2023	Enrollment
11/15/2023	PSOR on Address Completed
11/15/2023	Application Incomplete Letter Sent Requested 1326/RI030 for Katrina
11/15/2023	Contact - Document Sent forms sent
12/26/2023	Contact - Document Received 1326/RI030 and various other corp docs
01/04/2024	Contact - Document Received RI030
01/18/2024	Application Incomplete Letter Sent
02/07/2024	SC-Application Received - Original
02/23/2024	Inspection Completed On-site
02/23/2024	Inspection Completed-BCAL Sub. Compliance
02/23/2024	Application Complete/On-site Needed
02/28/2024	Contact - Document Received Received furnace inspection
03/01/2024	Inspection Completed-BCAL Full Compliance
03/04/2024	Recommend License Issuance
03/04/2024	SC Recommend-MI and DD

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Bay Valley adult foster care facility is located in rural Bay City, Township of Frankenlust, Michigan. The home is a brick one floor ranch style home with a full basement and attached garage. It was built in 1996 and is being leased by Hope Network, S.E. from

the County of Bay. Bay Valley is built on a basement and has an attached garage. It is on approximately one acre and has a fenced in backyard. The facility contains a kitchen, living room, combination family room and dining room, laundry, office, four bedrooms, and two full bathrooms. The facility is air conditioned. Bay Valley will enable six residents to reside there. This facility was previously licensed as Meadows AFC from July 25, 1997, through November 15, 2023.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. A furnace inspection was completed by a licensed heating company and was determined to be fully operational on February 22, 2024. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The water and sewer systems are a public system and provided by Bay County.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 SE	15'3" X 10'7"	161 sq. feet	2
#2 SW	14'8" X 10'7"	155 sq. feet	2
#3 W	14'8" X 10'9"	157 sq. feet	1
#4 E	15'3" X 10'3"	156 sq. feet	1

The living, combined family and dining room areas measure a total of 486 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible, ages 18-75. Wheelchair users will be accepted. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from community mental health, hospitals, and nursing homes.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Rule/Statutory Violations**

The applicant is Hope Network, S.E., L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 03/15/1995. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Hope Network, S.E., L.L.C. has submitted documentation appointing Katrina Lisik as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the Licensee Designee/Administrator Katrina Lisik. Licensee Designee/Administrator Katrina Lisik submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Licensee Designee/Administrator Katrina Lisik provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2-staff-to-6 residents per shift. All staff shall be awake during sleeping hours.

Licensee Designee/Administrator Katrina Lisik acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff-to-resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Licensee Designee/Administrator Katrina Lisik acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

Licensee Designee/Administrator Katrina Lisik acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

Licensee Designee/Administrator Katrina Lisik acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).

*Kathryn Huber*

03/04/2024

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Kathryn A. Huber  
Licensing Consultant

Date

Approved By:

*Mary Holton*

03/05/2024

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Mary E. Holton  
Area Manager

Date