



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 8, 2024

Sandra Costello
Hope Network Rehabilitation Serv
1490 E Beltline SE
Grand Rapids, MI 49506

RE: License #: AL330417843
HNRS Cedarwood
2711 East Lansing Drive
East Lansing, MI 48823

Dear Sandra Costello:

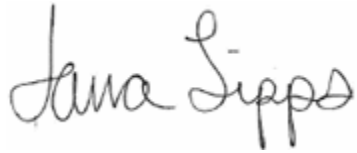
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in black ink on a white background.

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 #: AL330417843

Licensee Name: Hope Network Rehabilitation Serv

Licensee Address: 1490 E Beltline SE
Grand Rapids, MI 49506

Licensee Telephone #: (517) 332-1616

Licensee/Licensee Designee: Sandra Costello, Designee

Administrator: Sandra Costello

Name of Facility: HNRS Cedarwood

Facility Address: 2711 East Lansing Drive
East Lansing, MI 48823

Facility Telephone #: (517) 332-1616

Original Issuance Date: 11/21/2023

Capacity: 14

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/30/2024

Date of Bureau of Fire Services Inspection if applicable: 3/27/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: licensee designee

- 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.
Inspection occurred between meal times.
- 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? 1 N/A
- Variances? Yes (please explain) No N/A
Licensee designee has a current variance for Rule 315(3) regarding tracking resident funds. During on-site inspection I reviewed the current electronic funds tracking system.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(c) Cardiopulmonary resuscitation.

I reviewed employee files during the inspection. Direct care staff, Cody Navin, Evan Adamski, Bailey Armani, Parnia Raouf, & Mia Birdsong, did not have evidence of current, completed Cardiopulmonary resuscitation training. As the training for these individuals could not be verified, I cannot determine that they are competent in Cardiopulmonary resuscitation at this time.

MCL 400.734b Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.

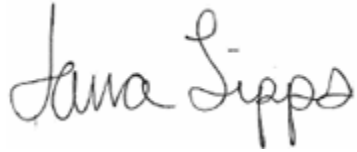
(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant

licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good-faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good-faith offer of independent contract to that applicant.

Employee records were reviewed as a part of this renewal inspection. It was determined that a current Michigan Workforce Background Check eligibility letter was not available for review for direct care staff, Cody Navin, Mia Birdsong, & Caitlyn Pennoni. These employees were existing employees under the previous license and a new eligibility letter under the new license number was not obtained by the facility administration.

IV. RECOMMENDATION

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

A handwritten signature in black ink that reads "Jana Lipps". The signature is written in a cursive style.

5/8/24

Jana Lipps
Licensing Consultant

Date