



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 5, 2024

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

RE: License #: AL700085846
Harbor Point Intensive West Unit
17160 130th Avenue
Nunica, MI 49448

Dear David Paul:

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 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) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

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

I. IDENTIFYING INFORMATION

License #: AL700085846

Licensee Name: Hope Network Behavioral Health Services

Licensee Address: PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

Licensee Telephone #: (616) 301-8000

Licensee Designee: David Paul

Administrator: David Paul

Name of Facility: Harbor Point Intensive West Unit

Facility Address: 17160 130th Avenue
Nunica, MI 49448

Facility Telephone #: (616) 847-4460

Original Issuance Date: 11/15/1999

Capacity: 15

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/23/2024

Date of Bureau of Fire Services Inspection if applicable: 05/22/2024

Date of Health Authority Inspection if applicable: 02/13/2024

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.
Not mealtime. Consultant asked questions, inspected kitchen. Health Dept. also did inspection on 02/13/2024 and gave an "A" rating.
- 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.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
 - R 400.15318 - 06/15/2022
 - Emergency preparedness; evacuation plan; emergency transportation.
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 - (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.
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 - The facility did not complete fire drills on each shift, once per quarter as the fire drill for January 2022 was not completed. 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.

IV. RECOMMENDATION

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



June 5, 2024

Ian Tschirhart
Licensing Consultant

Date