



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 22, 2024

Constance Johnson  
Hope, Love and Grace, LLC  
785 Pipestone  
Benton Harbor, MI 49022

RE: Application #: AS110417853  
Hope Love & Grace #3  
797 Pipestone  
Benton Harbor, MI 49022

Dear Constance Johnson:

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. If 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 cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor.  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110417853
<b>Applicant Name:</b>	Hope, Love and Grace, LLC
<b>Applicant Address:</b>	785 Pipestone Benton Harbor, MI 49022
<b>Applicant Telephone #:</b>	(269) 252-2070
<b>Administrator/Licensee Designee:</b>	Constance Johnson
<b>Name of Facility:</b>	Hope Love & Grace #3
<b>Facility Address:</b>	797 Pipestone Benton Harbor, MI 49022
<b>Facility Telephone #:</b>	(269) 252-2070
<b>Application Date:</b>	09/19/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

09/19/2023	Enrollment
09/19/2023	Contact - Document Received 1326.
09/19/2023	PSOR on Address Completed.
09/19/2023	Application Incomplete Letter Sent RI030/FPS
09/19/2023	Contact - Document Sent Forms sent.
12/01/2023	Contact - Document Sent 2nd App Incomplete Letter.
12/20/2023	Contact - Document Received RI030 & IRS letter.
12/27/2023	Application Incomplete Letter Sent
04/25/2024	Application Incomplete Letter Sent See line 13 for corrections.
07/09/2024	Contact - Document Received email received from licensee designee Constance Johnson requesting consultation and technical assistance regarding a minor variance and to schedule a date for the Original Onsite Inspection.
07/09/2024	Contact - Telephone call made to Candace Coburn to case conference regarding the minor variance request.
07/09/2024	Contact - Telephone call made to Ms. Johnson to provide consultation and technical assistance regarding the minor variance and schedule the final Original Onsite Inspection. The inspection was scheduled for 07/16/2024 at 1:00 p.m.
07/09/2024	Application Complete/On-site Needed
07/16/2024	Inspection Completed On-site

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Hope Love & Grace #3 is a two-story Colonial-style home located in a residential area within Benton Harbor, MI. The facility has been completely renovated and thoughtfully decorated with new furnishings throughout. The facility has a grey vinyl siding exterior with black accents and outdoor light fixtures.

The home has a large backyard where residents can enjoy the outdoors and a driveway for staff and visitor parking. The home is not wheelchair accessible as the applicant does not plan to admit residents with impaired physical mobility.

The home utilizes public water and sewage so does not require annual Environmental Health Inspections. Because the maximum capacity is less than seven residents, no annual Bureau of Fire Services (BFS) Inspection is required. However, I inspected and determined the facility compliant with fire safety administrative rules.

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

Bedroom # Total Resident Beds	Room Dimensions	Total Square Footage	Resident Beds
1	9.3 x 11.2	104	1
2	15.5 x 10	155	2
3	11 x 17	187	2
4	9.3 x 11.4	106	1
Living Room Entry	10 x 18	180	
Living Room	20 x 15.5	310	
Dining Room	16 x 9	144	

Given the sizes of the bedrooms and one to two residents per room, the facility's bedroom space exceeds the required 80 square feet allowed of usable floor space for a single occupancy and 65 square feet of usable floor space per bed for a multioccupancy resident bedroom.

The indoor living and dining areas measure a total of 634 square feet of living space. This greatly exceeds the minimum of 35 square feet of indoor living space per occupant, exclusive of bathrooms, storage areas, hallways, kitchens, and sleeping areas. Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 6 male or female residents between 18 and 75 years of age who are physically handicapped, developmentally disabled, mentally ill, and/or aged and require some level of assistance with activities of daily living (ADL).

The applicant's mission statement is to serve the community mental health residents and families of Berrien and surrounding counties. The applicant operates so that residents (and their families) know there is always hope, extended through love and grace, and they desire to be part of that positive change in their future.

The applicant offers long-term guidance by providing personal care, protection, and supervision in addition to room and board, as well as uplifting promoting and supporting services in a home-based setting.

Services for each resident will be determined by but not limited to HLG, case management, family/guardian, and resident when possible. Services offered include Young Men's Christian Association (YMCA) monthly membership, community resources/fieldtrips – grocery stores, sit down restaurant meals, parks, and the community library. Life skills, budgeting education, cooking, baking techniques, on-site arts, and crafts will be offered to residents. In-home services include but are not limited to verbal and physical assistance with daily ADL, meal preparation, toileting, transportation to and from medical appointments, a clean-living environment.

When necessary, behavioral, and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by direct care staff members (DCSMs) trained in the intervention techniques.

The applicant indicated DCSMs will be available 24/7 to assist residents when needed.

The applicant will coordinate and facilitate services for residents such as a visiting physician, onsite physical and occupational therapy, podiatry, X-rays, EKG's, echocardiograms, doppler and ultrasound services, as well as onsite blood draws and other specimen collection when needed. The applicant intends to connect residents with a pharmacy that will deliver residents' medication to the facility which will be dispensed according to physician's orders by qualified DCSMs.

The applicant indicated residents will receive laundry services, three nutritious meals per day, snacks, and phone service.

The applicant indicated scheduled transportation will be provided for Life Enrichment activities in coordination with the resident's Individual Care Plan free of charge. The applicant indicated staff can also assist in finding alternative transportation to and from desired locations at the resident's sole expense.

The facility is in a residential area within the city of Benton Harbor and has restaurants, parks, shopping centers, recreational activities, public library, hospitals, physicians, and other medical professionals located nearby. These resources can be used to enhance the quality of life and increase the independence of residents living at the facility.

The applicant has a contract with Community Mental Health (CMH) of Ottawa County.

### **C. Applicant and Administrator Qualifications**

The applicant is Hope, Love and Grace, LLC. The applicant submitted a financial statement and annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care (AFC) small group home.

The applicant appointed Constance Johnson to be the licensee designee and administrator for this facility. Ms. Johnson has sufficient experience working in this capacity as she is the licensee designee and administrator for two other facilities owned by the applicant. Ms. Johnson possesses the credentials to meet the requirements of licensee designee and administrator. A current licensing record clearance, medical clearance, and tuberculosis (TB) test are on file for Ms. Johnson.

This licensing consultant reviewed the personnel policies, job descriptions, admission/discharge policy, financial projections, staff files, paperwork required for resident files, emergency plans, staff training modules and program description. The licensee designee has considerable experience with required AFC licensing records and documentation. Ms. Johnson provided a current Adult First Aid/CPR/AED Certificate of Completion.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of one DCSM per six residents on each shift. The applicant acknowledged that the DCSM to resident ratio may need to be decreased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that DCSMs will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for DCSMs 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those DCSMs that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet or medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each DCSM or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with impaired physical mobility requiring a wheelchair to ambulate will not be admitted because the facility is not handicapped accessible.

#### **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 to this AFC adult small group home (capacity 1-6).



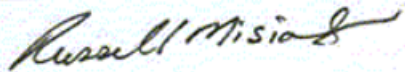
7/23/24

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Rodney Gill  
Licensing Consultant

Date

Approved By:



7/24/24

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Russell B. Misiak  
Area Manager

Date