GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 11, 2024

Amanda Ledford
Hope Network West Michigan
PO Box 890
Grand Rapids, MI 49501-0141

RE: License #: AS410011616
Elmhurst AFC
2143 Osceola Drive, SE
Grand Rapids, MI 49506-5372

Dear Mrs. Ledford:

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 and special certification 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) 356-0183.

Sincerely,

Rebecca Piccard

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #:	AS410011616
Licensee Name:	Hope Network West Michigan
Licensee Address:	PO Box 890 Grand Rapids, MI 49518
Licensee Telephone #:	(616) 490-3684
Licensee/Licensee Designee:	Amanda Ledford
Administrator:	Amanda Ledford
Name of Facility:	Elmhurst AFC
Facility Address:	2143 Osceola Drive, SE Grand Rapids, MI 49506-5372
Facility Telephone #:	(616) 490-3684
Original Issuance Date:	03/29/1990
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/10/2024

Date of Bureau of Fire Services Inspection if applicable: 09/11/2024

Date of Health Authority Inspection if applicable: 09/11/2024

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 2
No. of others interviewed Role:

- 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. No meal at the time of inspection.
- 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? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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

September 11, 2024

Rebecca Piccard Date
Licensing Consultant