



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

January 16, 2009

Tracey Hamlet
Hope Network West Michigan
PO Box 0141
Grand Rapids, MI 49501

RE: Application #: AS410297826
Boston Street Home
2141 Boston St., SE
East Grand Rapids, MI 49506

Dear Ms. Hamlet:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100 or the Traverse City office at (231) 922-5309.

Sincerely,

Arlene B. Smith, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0116

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS410297826

Applicant Name: Hope Network West Michigan

Applicant Address: 781 36th Street SE
Grand Rapids, MI 49508

Applicant Telephone #: (616) 248-5900

Administrator/Licensee Designee: Tracey Hamlet, Designee and Administrator

Name of Facility: Boston Street Home

Facility Address: 2141 Boston St., SE
East Grand Rapids, MI 49506

Facility Telephone #: (616) 301-3564

Application Date: 08/19/2008

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/19/2008	Enrollment
08/22/2008	SC-Application Received - Original
09/10/2008	Comment app rec'd in GR
09/10/2008	Application Incomplete Letter Sent
11/21/2008	Inspection Completed On-site
01/13/2009	Application Complete/On-site Needed
01/14/2009	Inspection Completed On-site
01/14/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This six bed facility was built specifically to be a small group adult foster care home that will only have female residents and female staff. It is located on a large lot in East Grand Rapids. The home has a front porch with an attached garage which was built to house a high top van with a lift. The home has a fenced in yard. Both means of egress are ramp and the home is barrier free to allow for wheel chair accessibility. The home is esthetically beautiful with hand-picked decorations and woodwork through out the home. There is natural sunlight throughout the home including skylight windows in the bathroom and the living room. They have provided intimate settings within the home including a sensory room, a sun room along with a living room with an attached dining room. There is a full kitchen off the dining room. Each resident will have their own spacious bedroom and they will have access for telephone and computer connections in each resident bedroom. The home has two full baths. Laundry is located on the main floor. The home has a large basement which will allow for ample storage space for resident's belongings but it will not be used by residents.

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 the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

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

Bedrooms	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 4" x 12' 4"	139.70	one
2	11' 4" x 11' 4"	128.37	one
3	11' 4" x 12' 4"	139.70	one
4	11' 4" x 12' 4"	139.70	one
5	11' 4" x 12' 4"	139.70	one
6	11' 4" x 12' 4"	139.70	one

The living room, dining room, sunroom, office and sensory room areas measure a total of 925.57 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)** female ambulatory/or non ambulatory adults whose diagnosis is developmentally disabled in the least restrictive environment possible. 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: network 180 (Kent County - Community Mental Health)

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 their 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. The staff plan on having activities in the home such as art projects, games and reading. They plan to eat out occasionally and they will offer to help residents to attend church and the church functions. They will celebrate all the holidays including Christian holidays.

C. Applicant and Administrator Qualifications

The applicant is Hope Network West Michigan, which is a “Domestic Non-Profit Corporation and was established in Michigan, on 12/23/1996. 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.

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

The Licensee Designee/Administrator, Tracey Hamlet has 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 six-bed facility is adequate and includes a minimum of 2 staff -to- 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant 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 of 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.

The applicant 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 of 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 of the documents contained within each resident's file.

The applicant acknowledges their 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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1-6).



Arlene B. Smith
Licensing Consultant

01/16/2009
Date

Approved By:



Christopher J. Hibbler
Area Manager

01/16/2009
Date