



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

January 11, 2010

Lynn TenBrock  
Hope Network Integrated Recovery  
3075 Orchard Vista Drive SE  
Grand Rapids, MI 49546

RE: Application #: AS700302640  
Robert Brown Crisis Center  
160 Manley Street  
Holland, MI 49424

Dear Ms TenBrock:

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 effective 01/11/2010 through 07/10/2010.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

---

Jerry Hendrick, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, NW  
Grand Rapids, MI 49503  
(616) 356-0112

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS700302640
<b>Applicant Name:</b>	Hope Network Integrated Recovery
<b>Applicant Address:</b>	3075 Orchard Vista Drive SE Grand Rapids, MI 49546
<b>Applicant Telephone #:</b>	(616) 301-8000
<b>Administrator/Licensee Designee:</b>	Lynn TenBrock, Designee
<b>Name of Facility:</b>	Robert Brown Crisis Center
<b>Facility Address:</b>	160 Manley Street Holland, MI 49424
<b>Facility Telephone #:</b>	(616) 298-8190
<b>Application Date:</b>	05/29/2009
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

08/12/2008	Inspection Completed-Environmental Health : A On file from previous licensee
05/29/2009	Enrollment
06/03/2009	Contact - Document Sent Rule & ACT Books
07/01/2009	Licensing Unit file referred for criminal history review PSOR & Red Screen - AS340089070
07/07/2009	Contact - Document Sent Letter sent regarding PSOR
08/12/2009	Comment PSOR cleared-Douglas
08/12/2009	File Transferred To Field Office Grand Rapids
08/17/2009	Comment application received GR
08/20/2009	Application Incomplete Letter Sent
10/06/2009	Contact - Document Received Facility documentation
10/07/2009	Contact - Telephone call made Left message regarding scheduling inspection
10/27/2009	Inspection Completed On-site
10/27/2009	Inspection Completed-BFS Sub. Compliance
11/09/2009	Contact - Document Received Response to confirming letter
11/10/2009	Contact - Telephone call made Left message regarding scheduling re-inspection
11/24/2009	Inspection Completed On-site
01/05/2010	Inspection Completed-Env. Health : A
01/11/2010	Inspection Completed-BFS Full Compliance

### III. DESCRIPTION OF FINDINGS AND CONCLUSIONS

#### A. Physical Description of Facility

This facility is a ranch-style home located in the city of Holland. It is approximately ten years old and is located in a residential area consisting of other similarly constructed and maintained homes. There are six private bedrooms and two full bathrooms on the main floor near the resident bedrooms. The main floor also includes a living room, family / recreation room, dining room, and kitchen. There is a staff office and half bathroom located on the main floor as well. The home is wheelchair accessible as the facility exits are at grade level.

The furnace and hot water heater are located on the main floor off of the garage. They are enclosed with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' 4" x 10' 10"	166	1
2	15' 4" x 10' 10"	166	1
3	15' 4" x 10' 10"	166	1
4	15' 4" x 10' 10"	166	1
5	15' 4" x 10' 10"	166	1
6	15' 4" x 10' 10"	166	1

The living, dining, and sitting room areas measure a total of 490 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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)** male or female ambulatory adults whose diagnosis is mentally ill, 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: Ottawa 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 the 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 shopping centers, local parks and programs offered by Ottawa County Community Mental Health.

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

The applicant is Hope Network Integrated Recovery, Inc., which is a "Non Profit Corporation" established in Michigan, on 04/27/2009. 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.

The Board of Directors of Hope Network Integrated Recovery Inc. has appointed Lynn Tenbrock as Licensee Designee for this facility and Michael Christy as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee and administrator have 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 6-bed facility is adequate and includes a minimum of 1staff –to- 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

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

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 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).



01/11/2010

Date

Licensing Consultant

Approved By:



01/11/2010

Date

Christopher J. Hibbler  
Area Manager