



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

June 1, 2011

Marcy Bos  
Hope Network Rehabilitation Serv  
PO Box 19368  
Kalamazoo, MI 49019

RE: Application #: AS390299099  
HNRS - Eastwood House  
2236 Brook Drive  
Kalamazoo, MI 49048

Dear Ms. Bos:

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 (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 337-5028

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS390299099

**Applicant Name:** Hope Network Rehabilitation Serv

**Applicant Address:** 1490 E Beltline SE  
Grand Rapids, MI 49506

**Applicant Telephone #:** (616) 940-0040

**Administrator/Licensee Designee:** Marcy Bos, Designee

**Name of Facility:** HNRS - Eastwood House

**Facility Address:** 2236 Brook Drive  
Kalamazoo, MI 49048

**Facility Telephone #:** (269) 492-7205  
11/14/2008

**Application Date:**

**Capacity:** 6

**Program Type:** MENTALLY ILL  
PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/14/2008	Enrollment
11/18/2008	File Transferred To Field Office Kalamazoo
12/02/2008	Application Incomplete Letter Sent
11/01/2010	Contact - Document Sent inactive application letter-certified mail
05/17/2011	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a single story, ranch style home with a full basement. It is located in a residential neighborhood. A garage is attached. The front entrance is wheelchair accessible. The second primary means of egress from the bedroom hallway is also wheelchair accessible with a paved sidewalk leading to the front of the house. The sidewalk also goes around the back of the house to a patio and a three season room.

This home has a large living room/dining room. Two smaller sitting room areas are available for resident/visitor use, exceeding the required 35 square feet of living space required by administrative rule. A full kitchen is located off of the dining area. A main floor laundry, large enough to accommodate individuals using wheel chairs, is provided. Storage and office space is also provided on the main level.

Six resident bedrooms are located in a hallway. All bedrooms have sufficient square footage to accommodate two individuals, but the applicant intends to have single occupancy.

The bedroom hallway contains two full bathrooms. One bathroom is handicap accessible with a wheelchair shower; the second bathroom is a standard bathroom with combination shower/tub. A half bathroom is located in the front of the building next to the laundry.

The basement contains the heating plant and floor separation is provided by a solid core wood door. The basement is expected to be used primarily for storage, and resident use is not anticipated.

This facility has an interconnected smoke and heat alarm system as well as a sprinkler system initially installed in 1999. All systems were professionally inspected on March 7, 2011 and a Fire Alarm and Life Safety System Inspection Certificate is on file. This fire

suppression system exceeds what is required by administrative rules for six bed small group homes.

The home is connected to public water and septic systems.

This facility was licensed to Hope Network Behavioral Services from 1995-2007. The applicant has documentation that property ownership was transferred to Hope Network Rehabilitation Services in 2008.

## **B. Program Description**

The primary client base for this home will be individuals with brain and spinal cord injuries. HNRS operates similar programs in other areas, including a home in Kalamazoo licensed since 2008. Funding is expected primarily through third party payers i.e. insurances. The facility will be co-ed

HNRS has submitted financial statements demonstrating financial capability and stability.

HNRS is a non-profit corporation whose restated articles of incorporation were filed on October 5, 2006. Marcy Bos is licensee designee and administrator, and has provided evidence of good moral character, medical clearance including TB test results, and has the required qualifications to be administrator.

In addition to Ms. Bos functioning as administrator, this home has a full time residential supervisor. The direct care staff ratio will be 1:3 during awake hours, and 1:6 during hours of sleep. According to Ms. Bos, residents will be expected to occupy themselves away from the facility for a portion of each day either attending therapy, community activities, or volunteer work, so all six residents are not anticipated being home until late afternoon hours.

HNRS has submitted updated policies, including admission, program, and personnel. HNRS is aware of the statutory requirements pertaining to the hiring or contracting of persons who provide direct services to residents.

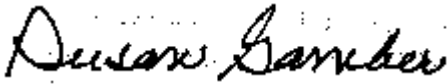
Ms. Bos is aware of record keeping requirements for resident and employee records, and is aware of administrative rule requirements for the handling of resident funds. Her competencies have been demonstrated during inspections at the existing HNRS home in Kalamazoo.

## **C. Rule/Statutory Violations**

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules. Compliance with quality of care rules will be evaluated further once residents are in care.

#### IV. RECOMMENDATION

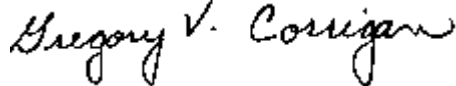
Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care small group home for six residents. The term of the license will be for a six-month period from date of issuance.



Susan Gamber  
Licensing Consultant

May 27, 2011  
Date

Approved By:



Gregory V. Corrigan  
Area Manager

June 1, 2011  
Date