



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

October 4, 2011

Myra Burke  
Hope Network Rehabilitation Services  
1490 E Beltline SE  
Grand Rapids, MI 49506

RE: Application #: AM410311346  
HNRS Arbor Glen  
2706 Burton S.E.  
Grand Rapids, MI 49546

Dear Mrs. Burke:

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 11 is issued.

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,

Arlene B. Smith, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, NW  
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**

<b>License #:</b>	AM410311346
<b>Applicant Name:</b>	Hope Network Rehabilitation Services
<b>Applicant Address:</b>	1490 E Beltline SE Grand Rapids, MI 49506
<b>Applicant Telephone #:</b>	(616) 940-0040
<b>Administrator/Licensee Designee:</b>	Myra Burke, Designee
<b>Name of Facility:</b>	HNRS Arbor Glen
<b>Facility Address:</b>	2706 Burton S.E. Grand Rapids, MI 49546
<b>Facility Telephone #:</b>	(616) 214-8366
<b>Application Date:</b>	11/24/2010
<b>Capacity:</b>	11
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/24/2010	Enrollment
12/07/2010	Inspection Report Requested - Health 1018187
12/07/2010	Inspection Report Requested - Fire
12/07/2010	Contact - Document Sent Fire Safety String and Rule & ACT Books
12/07/2010	File Transferred To Field Office Grand Rapids
12/10/2010	Application Incomplete Letter Sent
12/10/2010	Comment The applicant for Licensee Designee sent an e-mail on 11/22/2010 stating that they knew we already had an application on the same facility for a small group. She stated that they spoke with the City of Grand Rapids zoning and were told that the home can be zoned for up to 12 residents as it has been less than 12 months since the building was zoned for up to 12 residents. They will be filing for an application for Exemption in order to continue this zoning allowance under Hope Network ownership.
12/13/2010	Comment The applicant Licensee Designee sent e-mail stating that the home is completely sprinkled including the closets with an integrated fire detection system. She stated she had signed and sealed house blueprint and she was obtaining the signed and sealed prints from the original sprinkling and fire detection system vendors. She explained that she wanted to go forward with the six bed application while this application is going forward.
12/17/2010	Inspection Report Requested - Fire
12/17/2010	Contact - Telephone call made I spoke with applicant Licensee Designee who stated they would be closing the selling of the property next week. I agreed to send her the 1712 to go with her plans.
01/02/2011	Inspection Completed-Environmental Health : A Will send letter with the attached Environmental Health Inspection Report to the applicant.
01/11/2011	Contact - Telephone call made With applicant who stated they were not ready for the inspection

because they closed on the home on 12/21/2010. She has called Jason Buck (Kent County Sanitarian), and he told he would come back after occupancy for re-inspection.

01/11/2011	Contact - Document Sent Letter along a copy of the environmental report sent to the applicant. We requested the corrections for the items listed in need of correction on the report.
03/30/2011	Contact - Document Received Document received e-mail from Greg Corrigan: Fire Safety Plan Review Report dated 03/30/2011.
04/14/2011	Contact - Document Sent Sent letter and copy of the report by the plan review.
06/24/2011	Contact - Document Received Contacted by e-mail from the Licensee Designee that the Fire Marshall will be conducting an on-site inspection very soon. We discussed through e-mail the need for an another environmental inspection since it has been six months since the first one was completed.
06/24/2011	Inspection Report Requested - Health
07/08/2011	Inspection Completed-Environmental. Health : A
08/01/2011	Inspection Completed-Fire Safety : B "Temporary until 09/01/2011," for project 98245.
08/30/2011	Inspection Completed-Fire Safety : A

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The home is a ranch type, stick built single-family dwelling located in the city of Grand Rapids. The home has been well maintained. The structure is all on one floor, barrier free and wheelchair accessible with seven (7) exits, which include the two (2) approved exits. The home has a porch as you enter the front door. There is a large vestibule with a full closet and a door that leads to the large two-stall attached garage. The home has a west wing that contains eight (8) resident bedrooms, each having their own bathroom. There are two full baths with walk-in showers located in the same area. This area also contains an office. In the center of the home is a large living room, dining room, staff

office and a full kitchen. There is a patio off the dining room. On the east side of the home there is a large laundry room, a walk in pantry, one and one-half bathrooms, three (3) resident bedrooms, a dining room, a living room, a full kitchen, and a door entry to the attached garage. There is a porch off the east living room. The home has a basement below the east end of the home. The home will utilize public water and sewage system.

The home has two (2) gas furnaces on the main floor on the west side of the home in the resident bedroom area. The furnaces are located in a room with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware.

The basement has two (2) gas furnaces and two (2) hot water heaters located in a room with a 1 ¾ solid core door equipped with an automatic self-closing device and positive latching hardware.

The home was originally constructed as an AFC home and it was licensed for eight (8) residents on March 11, 2005. The Licensee was Guardian Angles Homes, Inc., license number AM410272491. The Licensee voluntarily gave up their license on 12/20/2010.

Hope Network Rehabilitation Services has a license for a small group home, license number AS410311103 since 02/10/2011 and this license was closed voluntarily on 10/03/2011. When the license # AS410311103 was opened the Inspection Report from the Department of Labor & Economic Growth, Bureau of Construction Codes & Fire Safety, Building Division, dated 03/02/2005 with a project number of 24214 issued a final approval of this home by the Inspecting Official. The report stated, "This project was reviewed and inspected under the authority of Act 207 of 1941, as amended. This report would be an approval of the required construction of materials that provide a 1-hour-fire-resistnace rating for each of the enclosed furnace rooms, located on the main floor and in the basement of the home."

The home passed a Plan Review for an original license for a medium group home. The Inspection Report from the Department of Labor & Economic Growth, Bureau of Construction Codes & Fire Safety, Building Division, inspection date of 08/30/2011 and reviewed on 09/09/2011, with a project number of 98245, issued a final approval of this home by the Inspecting Official. The report stated, "This office is in receipt of approved sprinkler plans for the ...project number. This office finds this facility to be in substantial compliance with fire safety rules and will consider this project closed." The Inspecting Fire Marshal issued an approved fire safety certification.

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. This facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the home including the closets. The home has several fire extinguishers (2A10 BC) on the main floor and one (1) in the basement.

The Kent County Health Department completed their inspection on 08/01/2011 and they issued a rating of an "A."

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom # 1	12' 1" x 14' 9'	178.18 Sq. feet	(One) (1)
Bedroom # 2	14' 10" x 14' 9"	218.74 Sq. feet	(One) 1
Bedroom # 3	16' 9" x 14'	236.60 Sq. feet	(One) 1
Bedroom # 4	17' 2" x 14' 9"	253.26 Sq. feet	(One) 1
Bedroom # 5	17' 4" x 14' 9"	255.62 Sq. feet	(One) 1
Bedroom # 6	14' 8" x 14' 9"	216.24 Sq. feet	(One) 1
Bedroom # 7	14' x 14' 4"	201.60 Sq. feet	(One) 1
Bedroom # 8	20' 8" x 14' 9"	304.74 Sq. feet	(One) 1
Bedroom # 9	12' 5" x 13' 8"	172.50 Sq. feet	(One) 1
Bedroom # 10	16' x 12'	192 Sq. feet	(One) 1
Bedroom # 11	11' 8" x 10' 1"	119.18 Sq. feet	(One) 1

The two (2) living rooms, the two (2) dining rooms and two (2) kitchens areas measure a total of 2,759 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 eleven (11) 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 eleven (11) male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, and/or Traumatic Brain Injured, 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. The applicant intends to accept residents from acute care hospitals, post-acute care rehabilitation facilities, Mary Free Bed Hospital, physicians, Veterans Administration, network 180 (Kent County Community Mental Health) and other mental health agencies as a referral source or private pay individuals.

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 public schools and libraries, local museums, shopping centers, and local parks.

The applicant has applied for a Special Certification.

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

The applicant is Hope Network-Rehabilitation Services Inc., which is a "Non Profit Corporation" was established in Michigan, on 01/12/1983. 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-Rehabilitation, Inc. have submitted documentation appointing Myra Burke as Licensee Designee as well as the Administrator for this 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 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 eleven (11) bed facility is adequate and includes a minimum of 2 staff –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, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

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

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).



10/04/2011

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Arlene B. Smith, Licensing Consultant                      Date

Approved By:



10/04/2011

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Jerry Hendrick Area Manager                      Date