



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

August 9, 2013

Daniel Phillips  
Covenant Enabling Res of MI Inc  
862 Forest Park Road  
Muskegon, MI 49441

RE: Application #: AS410339288  
Hope House  
336 Thornridge Dr. NW  
Grand Rapids, MI 49504

Dear Mr. Phillips:

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 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.

Sincerely,

Arlene B. Smith, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, NW  
Grand Rapids, MI 49503  
(616) 916-4213

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410339288

**Applicant Name:** Covenant Enabling Res of MI Inc

**Applicant Address:** 862 Forest Park Road  
Muskegon, MI 49441

**Applicant Telephone #:** (231) 766-7198 (616) 272-4984

**Administrator/Licensee Designee:** Daniel Phillips, Designee and Administrator

**Name of Facility:** Hope House

**Facility Address:** 336 Thornridge Dr. NW  
Grand Rapids, MI 49504

**Facility Telephone #:** (616) 350-9389

**Application Date:** 03/27/2013

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

03/27/2013 Enrollment

04/02/2013 Application Incomplete Letter Sent  
Corporate Application & Fingerprint for LD & 1326 for Admin

04/02/2013 Contact - Document Sent  
Rule & ACT Books

04/12/2013 Contact - Document Received  
Correct Application & 1326 for Daniel Phillips

04/22/2013 Application Complete/On-site Needed

04/22/2013 File Transferred To Field Office  
Grand Rapids

04/25/2013 Comment  
app rec'd in GR / file forwarded to ABS

04/26/2013 Contact - Telephone call received

05/21/2013 Application Incomplete Letter Sent

05/21/2013 Contact - Telephone call made  
To Mr. Phillips.

06/10/2013 Contact - Document Received  
Received letter from Mr. Phillips, Admissions Policy, Program Statement, Discharge Policy, Certificate of Use & Occupancy, Medical Clearance Request, Covenant Enabling Residences of MI Inc. Consolidated Balance Sheet, CER Michigan -2013 Budget Summary, Covenant Hope House floor plan, Ground Lease Agreement By and Between Covenant Retirement Communities of the Great Lakes Conference-Lessor and Covenant Ministries of Benevolence -Lessee, Dated as of April 1, 2012.

06/27/2013 Application Incomplete Letter Sent  
Sent letter with items still requested along with technical assistance and our worksheets.

07/08/2013 Contact - Telephone call received  
From the applicant (Licensee Designee-Daniel Phillips). I explained that we need more information and I had sent the Incomplete Application letter to him, which requested more information.

07/17/2013 Contact - Document Received

|            |   |
|------------|---|
|            | Received requested documents.   |
| 07/26/2013 | Contact - Face to Face<br>With applicant, Licensee Designee Daniel B. Phillips. |
| 08/06/2013 | Contact - Telephone call made<br>To Daniel Phillips.                            |
| 08/07/2013 | Inspection Completed On-site  |
| 08/07/2013 | Inspection Completed-BCAL Full Compliance                                       |
| 08/08/2013 | Contact – Telephone call made<br>To Daniel Phillips                             |

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

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

The newly constructed ranch home has a brick and vinyl front with a porch entrance. The home is located in a residential neighborhood on the northwest side of the city of Grand Rapids and is adjacent to the public bus line. There are six individual resident bedrooms with each having their own half bathroom on the main floor of the home. There are also three full baths and one half bath. The main floor also has a large living room, a dining room and a full kitchen. Off the dining room is a deck with a stairway to the ground level. There is a full laundry room on the main level of the home. There is a relief staff bedroom located on the main floor. The home does not have a second story. The lower level of the home contains a bedroom for the live-in direct care staff, a kitchen, dining/living room and a full bath plus a half bath. The lower level also has a recreations room, a board room as well as a storage area. The home is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor, one through the front door and the other through the garage. The home will utilize public water and sewage.

The gas furnace and tank less, on demand, water heaters are located in the basement in a room that is constructed of materials that provide a 1-hour-fire- resistance rating with a 1-3/4 inch solid core door, in a fully stopped frame which is equipped with an automatic self-closing device and positive latching hardware. 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. The facility is equipped with a sprinkler system installed throughout the home. This sprinkled system is connected to the Grand Rapids Fire Department close by the home. A heat detector is present in the kitchen.

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

| Bedroom # | Room Dimensions                     | Total Square Footage | Total Resident Beds |
|-----------|-------------------------------------|----------------------|---------------------|
| 1         | 11'3" x 13'1" minus<br>5'10" x 2'0" | 135.49               | 1                   |
| 2         | 11'3" x 13'1" minus<br>5'10" x 2'0" | 135.40               | 1                   |
| 3         | 11'3" x 13'1" minus<br>5'10" x 2'0" | 135.49               | 1                   |
| 4         | 11'3" x 13'1" minus<br>5'10" x 2'0" | 135.49               | 1                   |
| 5         | 10'9" x 15'2" minus<br>5' 2" x 2'0" | 151.41               | 1                   |
| 6         | 10'9" x 15'2" minus<br>5'10" x 2'0" | 151.41               | 1                   |

The living, dining, and sitting room areas measure a total of 433.28 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) female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled and/or mentally impaired, 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 network 180, and Kent County-DHS as a referral source. The applicant plans to apply for special certification status after obtaining an AFC license.

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.

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

The applicant is Covenant Enabling Residences of Michigan, Inc., which is a “Non Profit Corporation” was established in Michigan, on 03/10/1999. 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 Covenant Enabling Residences of Michigan, Inc. have submitted documentation appointing Daniel B. Phillips as Licensee Designee and the Administrator of the facility.

The members of Covenant Enabling Residences of Michigan, Inc., L.L.C. have submitted documentation appointing Daniel B. Phillips as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the Licensee Designee/administrator. The applicant 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 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 6 bed facility is adequate and includes a minimum of 1 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 not 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 small group home (capacity 6).

*Arlene B. Smith*

08/09/2013

---

Arlene B. Smith  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

08/09/2013

---

Jerry Hendrick  
Area Manager

Date