



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

April 8, 2016

Megan Pena
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

RE: Application #:	AM440380703 Harbor Point-Lapeer 5699 Genesee Road Lapeer, MI 48446
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Dear Ms. Pena:

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 and special certification with a maximum capacity of 12 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 (517) 284-9720.

Sincerely,

Susan Sells, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AM440380703
Applicant Name:	Hope Network Behavioral Health Services
Applicant Address:	PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
Applicant Telephone #:	(616) 726-1998
Administrator/Licensee Designee:	Megan Pena, Designee
Name of Facility:	Harbor Point-Lapeer
Facility Address:	5699 Genesee Road Lapeer, MI 48446
Facility Telephone #:	(810) 969-4561
Application Date:	12/09/2015
Capacity:	12
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/30/2015	Inspection Completed-Fire Safety : A
12/04/2015	Inspection Completed-Env. Health : A
12/09/2015	Enrollment
12/14/2015	Contact - Document Received 1326 lic record clear. 2x's for M.Pena, 3704 Med clearance req for M. Pena. 1609 certification of specialized program application and AFC new facility paperwork
12/14/2015	Comment Per e-mail with S. Sells the consultant at the current open home at the same address the Fire safety was 10-30-2015-and environmental health was 12-4-15 are good.. The current facility # AM440336582.
12/17/2015	Contact - Document Sent rules and act sent
12/17/2015	File Transferred To Field Office Flint/Lapeer
12/22/2015	SC-Application Received - Original
01/08/2016	Application Incomplete Letter Sent
01/08/2016	Contact - Document Sent I exchanged emails with BFS Inspector, Brent Connell.
02/08/2016	Contact - Document Received Additional facility paperwork received.
02/23/2016	Application Complete/On-site Needed
02/23/2016	Contact - Document Sent I emailed Deb Mock and Lynn TenBrock to schedule my onsite inspection.
03/16/2016	Inspection Completed On-site
03/16/2016	Inspection Completed-BCAL Sub. Compliance
03/30/2016	Corrective Action Plan Received
04/01/2016	Corrective Action Plan Approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 5699 Genesee Road, Lapeer, MI is located within the city of Lapeer. It was previously licensed as an Adult Foster Care Medium Group facility under license number AM440336582. This ranch-style building is situated on a large parcel of land and is set away from the road. The home is close to the city of Lapeer as well as the city of Davison and is in reasonable proximity to restaurants and the 1-69 expressway.

This facility has a full kitchen and a separate dining room with seating for all residents. Off the dining room is a separate pantry and there is a locked laundry room equipped with a smoke detector off the South West part of the home. In addition to a large living room, there is also a "group room" located at the North East end of the facility. The Program Manager has an office off the living room hallway and there is a locked medication room with a dutch-door off the living room. The facility has 9 resident bedrooms of which 3 are double-occupancy. It is equipped with 3 large full bathrooms, each with grab bars and shower seats. This facility has 5 independent means of egress.

The furnace and hot water heater are located in the basement of the facility and are in a room that is constructed of material that has a 1-hour-fire-resistance rating. There is a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. This facility is fully sprinkled.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
2	12' x 10'	120	1
3	12' x 11'	132	1
4	11'8" x 11'9"	137	1
5	11'8" x 11'9"	137	2
6	11'6" x 11'8"	134	2
7	11'5" x 11'6"	131	1
8	13'5" x 11'7"	155	2
9	9'11" X 10'9"	106	1
10	11'6" X 9'8"	111	1

The living room and dining room areas measure a total of 614 square feet of living space. In addition, the Group Room measures a total of 261 square feet of space. This exceeds the minimum of 35 square feet per resident requirement. This home is not wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate twelve (12) 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 twelve (12) male or female ambulatory adults whose diagnosis is developmentally disabled 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. Residents will be referred from various Community Mental Health agencies across the state.

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 Hope Network Behavioral Health Services Inc., which is a "Non Profit Corporation" was established in Michigan, on 05/19/87. 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 Behavioral Health Services has submitted documentation appointing Megan Pena 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 licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting her 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 12-bed facility is adequate and includes a minimum of 4-staff-to-residents ratio during 1st and 2nd shift and 3-staff-to-residents ratio during 3rd 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 Identogo website (www.identogo.com), by MorphoTrust USA 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.

IV. RECOMMENDATION

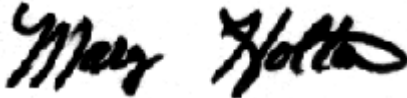
I recommend the issuance of a temporary license and special certification with a capacity of 12 to this group home.



April 8, 2016

Susan Sells Licensing Consultant	Date
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Approved By:



April 8, 2016

Mary E Holton Area Manager	Date
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