



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 14, 2016

Marcy Bos
Hope Network Rehabilitation Serv
1490 E Beltline SE
Grand Rapids, MI 49506

RE: Application #: AS120383698
Hope Network - Lakewood
265 N. Michigan Avenue
Coldwater, MI 49036

Dear Mrs. 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 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,

A handwritten signature in cursive script that reads "Susan Gamber".

Susan Gamber, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS120383698
Applicant Name:	Hope Network Rehabilitation Serv
Applicant Address:	1490 E Beltline SE Grand Rapids, MI 49506
Applicant Telephone #:	(616) 940-0040
Licensee Designee:	Marcy Bos
Administrator:	Marcy Bos
Name of Facility:	Hope Network - Lakewood
Facility Address:	265 N. Michigan Avenue Coldwater, MI 49036
Facility Telephone #:	(517) 278-5933
Application Date:	06/01/2016
Capacity:	6
Program Type:	TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/01/2016	Enrollment Online enrollment
07/07/2016	Contact - Document Sent Rules & Act booklets
07/07/2016	Application Incomplete Letter Sent App - Date Incorporated record clearance for Kerri A
07/11/2016	Contact - Document Received E-mail regarding date incorporated; record clearance for Kerri Adams
07/15/2016	Comment Finger Prints for Kerri Adams
08/08/2016	Application Incomplete Letter Sent
11/09/2016	Contact - Document Received RI-030 for Marcy Bos
11/09/2016	Application Complete/On-site Needed
11/09/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been licensed to Hope Network Rehabilitation Services Inc (HNRS) as a 12 bed medium group home (AM120310015) since January 20, 2012.

HNRS has now filed an application to reduce capacity to six, which is a change in license category and requires a new license. I conducted an on-site inspection on June 29, 2016 when I also conducted a renewal inspection for the medium group home license.

This is a single story building with full basement located on the outskirts of Coldwater. The neighborhood has other residential facilities such as a nursing home and another AFC. All resident areas, kitchen, and office space are located on the main floor which is wheelchair accessible. The heat plant and mechanicals are located in the basement, which will not be utilized for residents. The facility utilizes public water and septic systems. Although an environmental health inspection is not required for a six bed home the medium group home was inspected by the Branch-Hillsdale-St. Joseph Community Health Agency in March 2016 and received an "A" rating indicating substantial compliance with applicable rules.

The facility also includes a living room, dining room, and activity/physical therapy room. It has six bedrooms and three bathrooms that are handicapped accessible as well as a main level laundry room.

The forced air gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. equipped with an automatic self-closing device and positive-latching hardware.) Because this facility was initially licensed for 12 the fire safety equipment exceeds the requirements for a six bed home with an approved pull station alarm system and a sprinkler system installed throughout. The alarm and sprinkler systems were given full approval by the Bureau of Fire Safety in April 2016, although the facility will not be inspected by BFS in the future as a six bed facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	13'2"x13'10"	182	1
#2	Same	Same	1
#3	Same	Same	1
#4	Same	Same	1
#5	Same	Same	1
#6	13'11"x16	223	1

The living, dining, and activity room areas measure a total of 963 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 in a long term community based residential program for six adults with a brain injury or similar impairment and who are no longer participating in intensive transitional rehabilitation.

HNRS is part of the Brain Injury Association of Michigan. Clinical services available through HNRS include physical therapy, occupational therapy, speech/language pathology, recreation therapy and activity groups, workforce development, neuro-psychology/counseling, physiatry, psychiatry, and social work.

Referrals come to HNRS from a variety of sources, including insurance and medical, and a variety of financial payments.

The licensee will arrange 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 Rehabilitation Services, Inc., which is a “Non Profit Corporation” 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 HNRS, Inc. has submitted documentation appointing Marcy Bos as licensee designee and administrator of this facility.

A criminal background check was completed with no convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements 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 six bed facility is adequate and includes a minimum of two staff –to- six 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) 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. Quality of care rules will be evaluated during the six month temporary license period.

IV. RECOMMENDATION

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



November 14, 2016

Susan Gamber
Licensing Consultant

Date

Approved By:



November 14, 2016

Betsy Montgomery
Area Manager

Date