



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 24, 2017

Amanda Gerwolds
Hope Network SE
70 Lafayette
Pontiac, MI 48342

RE: Application #: AS380385419
Hopes Door CRU
3369 Miles Road
Jackson, MI 49202

Dear Ms. Gerwolds:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS380385419
Applicant Name:	Hope Network SE
Applicant Address:	70 Lafayette Pontiac, MI 48342
Applicant Telephone #:	(248) 338-7458
Administrator/Licensee Designee:	Amanda Gerwolds
Name of Facility:	Hopes Door CRU
Facility Address:	3369 Miles Road Jackson, MI 49202
Facility Telephone #:	(517) 962-4861
Application Date:	10/27/2016
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODOLOGY

10/27/2016	Enrollment Online enrollment
11/01/2016	Contact - Document Sent Rule & Act booklets
11/01/2016	Licensing Unit file referred for background check review Amanda G - RS
11/01/2016	Licensee ID Changed 8062
11/08/2016	Comment FP's for Amanda
11/17/2016	Contact - Document Received Documents from Ms. Gerwolds.
11/21/2016	Contact - Telephone call received Message from Ms. Gerwolds regarding scheduling the onsite inspection.
11/22/2016	Contact - Telephone call made Message left for Ms. Gerwolds.
11/22/2016	Contact - Telephone call received Discussion with Ms. Gerwolds regarding the onsite inspection.
12/01/2016	Application Complete/On-site Needed
12/01/2016	Inspection Completed-BCAL Sub. Compliance
12/13/2016	Contact - Document Received Documentation to address violations cited during 12/01/2016 onsite inspection.
01/03/2017	Inspection Completed On-site
01/03/2017	Inspection Completed-BCAL Sub. Compliance
01/09/2017	Contact - Documents Received
01/17/2017	Corrective Action Plan Received
01/19/2017	Contact - Telephone call received from Ms. Gerwolds regarding status of the license.

01/19/2017	Contact - Telephone call made to Ms. Gerwolds, no answer.
01/19/2017	Contact - Telephone call received from Ms. Gerwolds.
01/19/2017	Contact - Telephone call made to Ms. Gerwolds.
01/23/2017	Contact - Telephone call from Ms. Anderson at Lifeways, inquiring regarding the license status.
01/30/2017	Contact - Documents Received Email from Ms. Gerwolds, requesting an update regarding the status of the license.
02/01/2017	Contact - Telephone call made to Ms. Gerwolds.
02/06/2017	Contact - Telephone call made to Ms. Gerwolds. Additional information needed.
02/21/2017	Contact - Documents Received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This investigation included a review of the application, forms, and supporting documents including but not limited to the following; corporate documents, property ownership, organizational charts, processed licensing record and medical clearance, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

A. Physical Description of Facility

The facility is located in a residential neighborhood, in the Township of Napoleon, County of Jackson. This ranch style, one story home was built in 1965; it has a basement, and an attached garage. The home has a paved driveway. This home is not wheelchair accessible. The front door (north entrance) will be the primary entrance for the residents. The second identified exit and means of egress is located off the back of the facility (south side). There is an additional exit leading directly outside from the dining room. All exits are equipped with steps and handrails.

The main entrance opens to a foyer, which leads to a hallway. On the right, the hallway leads to the four resident bedrooms and the main bathroom. Bedroom #2 is also equipped with a full bathroom, which will only be utilized by those individuals residing in that room.

The main entrance opens to a foyer and the living room is located on the left. The foyer also leads to the hallway, which leads directly to the dining room, then the kitchen. There are two doors in the kitchen. The first door leads to the office area and there is a door in the office, which leads directly outside. This is the second identified means of egress. The second door in the kitchen leads downstairs to the basement. The door leading to the basement is a 90-minute door, and is equipped with an automatic self-closing device and positive latching hardware. The heat plant is located in the basement.

The basement contains the furnace, hot water heater, and electrical panel. The gas fired forced air furnace has been recently inspected and is in good operating condition. This facility is air conditioned through a central air conditioning unit. The facility has a gas fired hot water heater. The electrical panel and service has been inspected and approved by an electrical inspector.

The facility has a public water supply and sewage disposal system.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on both levels of the facility and in required areas.

There is a fireplace on both levels of the home; the applicant has provided a written statement documenting that the fireplaces will not be utilized.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	9' 8" x 10' 5"	100	1
2	10' 8" x 13' 5"	143	2
3	9' 2" x 9' 7"	87	1
4	10' x 13'	130	2

This is a Crisis Residential home; therefore, the bedrooms will not be equipped with mirrors, due to safety issues.

The indoor living and living areas measure a total of 1,317 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

According to the program goal, Hope Network S.E. intends “to provide short term supervised living in a community setting with a high level support system for adults experiencing mental illness crisis.” The applicant also intends to provide 24-hour supervision, protection and personal care to 6 male or female residents, who are 18 to 99 years of age, and have a mental illness. The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments.

According to the program description, this program is designed to provide an alternative to inpatient psychiatric services for adult individuals experiencing an acute psychiatric crisis.

The focus of this program is based on education and awareness of mental health issues, as well as identification of individual symptoms and other issues that may be impacting the individual's life. This Crisis Residential Program, in partnership with internal and external case management services, will ensure that individuals receive person-focused treatment as well as input into all other treatment areas including: assessments, treatment planning, medication management, transition, and discharge planning. Services will be delivered according to an individual plan based on an assessment of immediate need.

According to the program's admission and readmission requirements, crisis staff will be available to take referrals 24 hours a day, 7 days a week, including holidays. Individuals will have a current mental illness diagnosis, as reflected in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) and at least one of the following manifestations:

- Prominent disturbance of thought processes, perception, affect, memory, consciousness, and somatic functioning with or without co-occurring substance disorder
- Disruption of self-care and independent functioning
- Difficulty with managing medication without ongoing support
- Risk to self or others
- Socially disruptive
- Frequent users of inpatient psychiatric hospital services
- Eighteen years of age or older or an emancipated minor

Additionally, there will be an indication that the individual can benefit from the program and the services it has to offer; and have compatible behavior, which does not pose a significant risk or danger towards the wellbeing of the individual or others. The individual shall have the ability to reside in an open setting and have physical capabilities to assist in basic ADL skills, capability of increasing independent living skills, and completion of financial agreements and required licensing forms. Individuals served will be referred by various Community Mental Health agencies.

The applicant intends to accept individuals with Medicare and or Medicaid sources of payment. The service provision may be covered by commercial insurance.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

C. Applicant and Administrator Qualifications

The applicant is Hope Network S. E., and is a Domestic Non Profit Corporation, established in Michigan on March 15, 1995. The identification number is 732821. A review of this corporation on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and Hope Network is the Resident Agent. 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 S.E. has submitted documentation appointing Amanda Gerwolds as the licensee designee and the administrator of this facility.

A criminal background check of Amanda Gerwolds was completed, and she has been determined to be of good moral character to provide licensed adult foster care. Ms. Gerwolds submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Amanda Gerwolds, LMSW has extensive experience working with the population of individuals that will be served in the crisis home. Ms. Gerwold's experience includes but is not limited to the following: case management and intake coordinator, counseling individuals in residential substance abuse treatment programs, and providing outpatient therapy to individuals who had mental health and substance abuse disorders. Ms. Gerwolds served as the Program Director for Hope Network-New Passages Behavior Rehabilitation Services and her responsibilities included being the leader of the program managers for mental health services, including crisis and integrated care services. Ms. Gerwolds has also held the following previous positions for this same agency: Program Manager and Senior Program Manager in the Crisis Residential Unit, Clinical Line Manager of Intensive Crisis Stabilization and the Primary Case Manager and Senior Case Manager in an adult case management program.

Ms. Gerwolds has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Gerwolds provided copies of her completed trainings. Ms. Gerwolds has also been trained in First Aid and CPR and provided certification of completion.

The staffing pattern for the original license of the 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The treatment services are provided under the supervision of a psychiatrist in collaboration with the Hope Network Behavioral Health East Medical Director. The psychiatrist is on call 24-hours a day, seven days a week. The psychiatrist will have an initial meeting with the individual and complete a psychiatric evaluation. The interdisciplinary team consists of the crisis staff, case manager, nurse, clinical program manager, individuals served, and the psychiatrist.

Nursing staff are available in the facility 8 hours each day, and are also on-call for the remaining hours of each day for consultation and assistance as necessary.

Supervisors act as consultants to the staff to resolve immediate crisis, as well as provide back up and resources. Supervisory staff provides on-call responsibilities 24 hours a day.

Services are individually tailored to meet the needs of each individual served. The amount, scope, and expected duration of the services are outlined in each individual's treatment plan. The length of stay at this Crisis Residential Program is intended to be brief and not exceed 14-days, per crisis episode. However, extended stays, once justified by clinical need may be granted after consultation with the interdisciplinary team.

The applicant acknowledged 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. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the responsibility to maintain all required documentation in each employee's record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the 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 as required.

The applicant acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant acknowledged 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Mahtina Rubritius

02/23/2017

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

02/24/2017

Ardra Hunter
Area Manager

Date