



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 12, 2018

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

RE: Application #: AM490392114  
Bay Haven Crisis  
799 Hombach Street  
St. Ignace, MI 49519

Dear Ms. Green:

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 10 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) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
931 S Otsego Ave Ste 3  
Gaylord, MI 49735  
(989) 370-8320

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>Application #:</b>	AM490392114
<b>Applicant Name:</b>	Hope Network Behavioral Health Services
<b>Applicant Address:</b>	PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
<b>Applicant Telephone #:</b>	(616) 726-1998
<b>Licensee Designee:</b>	Myranda Green
<b>Name of Facility:</b>	Bay Haven Crisis
<b>Facility Address:</b>	799 Hombach Street St. Ignace, MI 49519
<b>Facility Telephone #:</b>	(616) 295-1751
<b>Application Date:</b>	01/16/2018
<b>Capacity:</b>	10
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/16/2018	Enrollment
01/16/2018	Lic. Unit file referred for background check review Red Screen - AL390084278, AM340089018, AS340089070
01/17/2018	File Transferred To Field Office Gaylord
03/08/2018	Application Incomplete Letter Sent
03/09/2018	Inspection Completed-Fire Safety : A
04/05/2018	Application Complete/On-site Needed
04/05/2018	Inspection Completed On-site
04/05/2018	Inspection Completed-BCAL Full Compliance
04/05/2018	Inspection Completed-Env. Health: A
04/05/2018	SC-Application Received - Original
04/12/2018	SC-Recommend MI and DD

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The single-story facility is owned by Hope Network Behavioral Health Services. Hope Network Behavioral Health Services will be operating the home and providing crisis care to residents. The home is in St. Ignace, Michigan very close to downtown but in a residential neighborhood. It is close to medical facilities, shopping centers and recreational opportunities.

The facility is wheelchair accessible with 2 approved means of egress which do not require a ramp because they are at ground level. The facility was originally a hospital that was remodeled to provide adult foster care. There are 2 more facilities located in this building which are separated from this facility by a security door. The facility has a fully equipped kitchen but plans to have meals prepared in one of the other kitchens located in the other licensed facility in the building. The facility understands that staff need to be trained in safe food handling. They will have to take measures to be sure the food is being transported appropriately.

The home has 8 bedrooms approved for occupancy. Two of the bedrooms are double occupancy and six are for single occupancy for a total occupancy of 10. There are half baths in all the bedrooms and the facility has two shower rooms.

The furnace and hot water heater are in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 03/09/2018 the home was inspected by the Bureau of Fire Services. An “Approved” fire safety certification was recommended.

On 04/05/2018 the home was inspected and determined to be in substantial compliance with applicable rules pertaining to environmental health. The facility has municipal water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Feet	Total Resident Beds
1	11'8"X12'1" + 10'9"x11'10"	263	2
2	11'8"X12'1" + 10'9"x11'10"	263	2
3	11'8"X12'1" + 10'9"x11'10"	263	1
4	11'8"X12'1" + 10'9"x11'10"	263	1
5	11'8"X12'1" + 10'9"x11'10"	263	1
6	11'8"X12'1" + 10'9"x11'10"	263	1
7	11'8"X12'1" + 10'9"x11'10"	263	1
8	11'8"X12'1"	142	1

The living, dining, and sitting room areas measure a total of 360 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 10 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 10

male or female ambulatory or non-ambulatory adults who are diagnosed with a mental illness or a developmental disability in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the resident's person-centered plan.

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 for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

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

The applicant is Hope Network Behavioral Health Services., which is a "Non-Profit Corporation" was established in Michigan, on 5/19/1987. 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.

Hope Network Behavioral Health Services has submitted documentation appointing Myranda Green as Licensee Designee and the Administrator of the facility.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant 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 10-bed facility is adequate and includes a minimum of 1 staff -to- 5 residents per shift during awake hours and 1 staff – to-5 residents during sleeping hours. All staff shall 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 facilities 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 training suitability 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 1–to-5 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 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 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 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

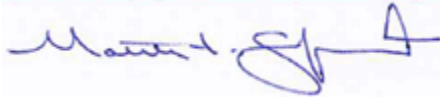
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 10).



04/12/2018

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Matthew Soderquist  
Licensing Consultant

Date

Approved By:



04/12/2018

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Jerry Hendrick  
Area Manager

Date