



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 20, 2019

Ryan Wickson  
Hope Shores, LLC  
10242 McKinley Rd  
Montrose, MI 48457

RE: Application #: AS250395946  
Hope Shores 2  
1383 E. Maple Ave  
Burton, MI 48529

Dear Mr. Wickson:

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 blue ink that reads "Kent W Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 931-1092

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250395946
<b>Applicant Name:</b>	Hope Shores, LLC
<b>Applicant Address:</b>	10242 McKinley Rd Montrose, MI 48457
<b>Applicant Telephone #:</b>	(810) 429-0919
<b>Licensee Designee:</b>	Ryan Wickson
<b>Administrator:</b>	Ryan Wickson
<b>Name of Facility:</b>	Hope Shores 2
<b>Facility Address:</b>	1383 E. Maple Ave Burton, MI 48529
<b>Facility Telephone #:</b>	(810) 426-0919
<b>Application Date:</b>	08/21/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

08/21/2018	Enrollment
08/24/2018	Contact - Document Received 1326 not signed
08/24/2018	Application Incomplete Letter Sent Signature needed on 1326
08/24/2018	Contact - Document Sent Rule and act books
09/11/2018	Contact - Document Received signed 1326
09/11/2018	File Transferred to Field Office Flint
10/10/2018	Application Incomplete Letter Sent
03/01/2019	Application Complete/On-site Needed
03/19/2019	Inspection Completed On-site
03/19/2019	Inspection Completed-BCAL Full Compliance
03/20/2019	Recommend License Issuance

## II. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a single level building, located in a residential area in the City of Burton, MI. This facility is located in close proximity to numerous community businesses and resources. This facility is owned by Hope Shores LLC, the applicant.

The furnace and hot water heater were inspected and approved on 3/6/19 and are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware creating floor separation. The basement is constructed of material that has a 1-hour-fire-resistance rating. 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. This facility is also equipped with light emitting smoke detection for hearing impaired residents. The laundry room is located in the basement area of this facility and is adequate for the needs of six (6) residents. This facility is wheel chair accessible.

The facility utilizes public water and sewer services. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health effective 3/19/19. This facility has five resident bedrooms. The bedrooms are as follows;

Bedroom #	Total Sq., Ft.	Resident Beds
1	204 sq. ft.	2
2	204 sq. ft.	1
3	100 sq. ft.	1
4	120 sq. ft.	1
5	165 sq. ft.	1

The main living area of this facility measures 500 sq. ft. with an additional dining area measuring 168sq. ft. This facility has a locked cabinet for the storage of medication. There are two full bathrooms located on the same level of the resident bedrooms for resident use.

Compliance with Rule 400.15410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The facility has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15408. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

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**

The applicant, Hope Shores LLC., submitted a copy of the required documentation. 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) male or female adults, age 18 or older, whose diagnosis is physically handicapped, developmentally disabled, mentally ill, and traumatic brain injury 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.

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.

In addition to the above program elements, 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 Shores LLC., which is a "Domestic Limited Liability Company", was established in Michigan on 8/13/18. 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 Birch Run Fields Assisted Living, L.L.C. has submitted documentation appointing Ryan Wickson as Licensee Designee and Administrator of the 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 statements from a physician documenting her good health and current TB-test 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 (6) bed facility is adequate and includes a minimum of 1 staff-to-15 residents per 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 Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), 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 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 and Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

### **III. RECOMMENDATION**

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



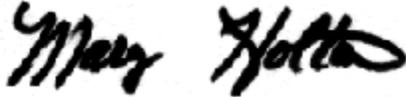
3/20/19

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



3/20/19

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Mary E Holton  
Area Manager

Date