



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

April 29, 2019

Nathanael Bieszka  
New Hope Group Home, LLC  
3671 Senora Ave. SE  
Grand Rapids, MI 49508

RE: Application #: AS340398815  
Thompson  
9625 Thompson Road  
Lake Odessa, MI 48849

Dear Mr. Bieszka:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS340398815

**Applicant Name:** New Hope Group Home, LLC

**Applicant Address:** 3671 Senora Ave. SE  
Grand Rapids, MI 49508

**Applicant Telephone #:** (419) 439-1218

**Administrator/Licensee Designee:** Kathy Patterson, Designee

**Name of Facility:** Thompson

**Facility Address:** 9625 Thompson Road  
Lake Odessa, MI 48849

**Facility Telephone #:** (419) 439-1218

**Application Date:** 03/15/2019

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

03/15/2019	Enrollment
03/18/2019	Contact - Document Received IIRS ltr; cl's for Nathan (LD & Admin)
03/18/2019	Contact - Document Sent Act booklet
03/18/2019	Application Incomplete Letter Sent App - Box 14
03/20/2019	Contact - Document Received App - Box 14
03/20/2019	Inspection Report Requested - Health Inv. #1029230
03/20/2019	Application Complete/On-site Needed
03/26/2019	Inspection Completed-Env. Health : A
04/24/2019	Inspection Completed On-site
04/24/2019	Inspection Completed-Fire Safety : A
04/24/2019	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This ranch style home is located at 9625 Thompson Road, Lake Odessa, Michigan, 49508, in the county of Ionia. The facility is owned by New Hope Group Home, LLC. The facility sits in a rural area and there is a detached garage that is primarily used for storage. The facility has six bedrooms, two full baths, kitchen, dining area, and two living rooms. There are handrails where required. This facility utilizes private sewer and water systems. The home has professionally installed fire alarms for fires. The home has approved wheelchair ramps at both primary means of egress. The lower level is not approved for resident use.

The furnace is located in separate enclosed rooms on the lower floor of the building and is equipped with a 1-3/4 inch solid core door. The hot water heater, washer, and dryer are located in a room of the lower level that is equipped with a 1-3/4 inch solid core door. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 04/24/2019

and worked properly. There at least two operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.75 x 12	141	1 or 2
2	9.5 x 15 2.166 x 9.666	163	1 or 2
3	10.25 x 13.583 2 x 4.416	148	1 or 2
4	7.5 x 9.583 2.25 x 3.75	80	1
5	8.416 x 9.666 2.25 X 4.75	92	1
6	8.416 x 8.916 3 x 4.666	89	1

**Total Capacity: 6**

The living and dining room areas measure a total of 625 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 six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

## **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 **six** male and/or female adults aged 18 years and older, who may be diagnosed with a mental illness, developmentally disability, physical handicap, advanced age, and/or traumatically brain injury in the least restrictive environment possible. The home is fitted with approved wheelchair ramps and has 36-inch door

widths to accommodate wheelchair accessibility to three of the resident bedrooms. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

New Hope Group Home LLC will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

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

Kathy Patterson is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Ms. Patterson were completed with no restrictions noted on either. Her TB-tine results were negative.

Ms. Patterson 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 1-staff- to-6 residents.

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)), Identogo, 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 Ms. Randall, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart 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 themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and 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 issuance of a temporary license to this AFC adult small group home (capacity 6).



04/29/2019

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Toya Zylstra  
Licensing Consultant

Date

Approved By:



04/29/2019

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Jerry Hendrick  
Area Manager

Date