



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 1, 2019

Marlene Burgess  
Hope Network, S.E.  
70 Lafayette  
Pontiac, MI 48342

RE: License #: AS500071529  
**Howards Cove**  
**68730 Howard**  
**Richmond, MI 48062**

Dear Ms. Burgess:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500071529
<b>Licensee Name:</b>	Hope Network, S.E.
<b>Licensee Address:</b>	70 Lafayette Pontiac, MI 48342
<b>Licensee Telephone #:</b>	(248) 338-7458
<b>Licensee/Licensee Designee:</b>	Marlene Burgess
<b>Administrator:</b>	Mary Labadie
<b>Name of Facility:</b>	Howards Cove
<b>Facility Address:</b>	68730 Howard Richmond, MI 48062
<b>Facility Telephone #:</b>	(586) 727-7774
<b>Original Issuance Date:</b>	10/29/1996
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/29/2019

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 1  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain. Completed worksheet renewal inspection.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain. Completed worksheet renewal inspection.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: AS301(8), AS403(1), AS403(5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

<p><b>R 400.14301</b></p>	<p><b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b></p>
	<p><b>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</b></p>
<p>Resident A and Resident B did not have current health care appraisals. Resident A's health care appraisal was last completed on 06/03/2016. Resident B's health care appraisal was last completed on 02/11/2015.</p>	
<p><b>R 400.14310</b></p>	<p><b>Resident health care.</b></p>
	<p><b>(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.</b></p>
<p>Resident A's weight was not recorded for March 2018 and September 2018.</p>	
<p><b>R 400.14401</b></p>	<p><b>Environmental health.</b></p>
	<p><b>(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.</b></p>

During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 124.2 degrees Fahrenheit.	
<b>R 400.14407</b>	<b>Bathrooms.</b>
	(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.
Bathroom #1 did not have non-locking-against-egress hardware.	

A corrective action plan was requested and approved on 04/29/2019. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



05/01/2019

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Kristine Cilluffo  
Licensing Consultant

Date