



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 2, 2019

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

RE: Application #: AS820395553
Kingswood Home
659 Beech Daly
Dearborn Heights, MI 48127

Dear Ms. Burgess:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820395553
Applicant Name:	Hope Network, S.E.
Applicant Address:	70 Lafayette Pontiac, MI 48342
Applicant Telephone #:	(248) 338-7458
Administrator/Licensee Designee:	Marlene Burgess, Designee
Name of Facility:	Kingswood Home
Facility Address:	659 Beech Daly Dearborn Heights, MI 48127
Facility Telephone #:	(313) 633-9662
Application Date:	07/31/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/31/2018	Enrollment App submitted online 7/25/18 did not download
07/31/2018	Contact - Document Sent Rules and Acts books
07/31/2018	Application Incomplete Letter Sent 1326 for Marlene. 100 for administrator
07/31/2018	Licensing Unit file referred for background check review Given to Candace Facility/ People with Red Screen.
11/14/2018	File Transferred to Field Office Detroit
11/21/2018	Application Incomplete Letter Sent
12/10/2018	Contact - Document Received Supporting documents
01/16/2019	Inspection Completed On-site Physical plant violations exist
04/08/2019	Email from licensee requesting an extension to complete physical plant repairs by 4/16/19
04/05/2019	Email to/from licensee. Consultant requested status update on the repairs. Licensee reported the repairs shall be complete 4/8/19.
04/08/2019	Email from licensee to report the final repairs won't be completed until Thursday, April 11, 2019.
04/16/2019	Email to licensee. Scheduled reinspection. Licensee reported all repairs to the home were completed on 4/12/19.
05/14/2019	Inspection Completed-BCAL Full Compliance
05/17/2019	Contact - Document Received Updated medical clearance from licensee
06/05/2019	Contact - Document Received Received final supporting document (appointment letter)
06/05/2019	Application Complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Kingswood Home is located in a suburb outside Metro Detroit. It is on a main road near local churches, schools, and various businesses. The home is a quad level with 5 bedrooms, 2.5 bathrooms, living room, separate dining room, eat-in kitchen, staff office area, and unfinished basement. The garage is attached to the home.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at the top of the basement stairs. The facility is equipped with an interconnected smoke detection system that is hardwired through the home's electrical system. The system was installed by a professional contractor and is fully operational.

The home **cannot** accommodate persons who require the regular use of a wheelchair. The home has 3 viable means of egress. However, the 2 required means of egress have been designated as the front door and patio door off to the kitchen.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 X 10	120	1
2	13.25 X 11	146	2
3	13.08 X 10.66	139	1
4	6.33 X 6.75 + 11.75 X 14.83	217	1
5	11.08 X 12.66	140	1

The living, dining, and sitting room areas measure a total of 378 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.

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 (6)**

male or female ambulatory adults whose diagnosis is **developmentally disabled or mentally impaired**, 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. Residents will be referred from: (Detroit Wayne Mental Health Authority or other outside sources).

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 all transportation for program and medical needs. 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 Network, S.E., which is a Domestic Nonprofit Corporation was established in Michigan, on 3/15/95. 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 Marlene Burgess as Licensee Designee for this facility and Marlene Burgess as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 6-bed facility is adequate and includes a minimum of 2 Staff to 6 Residents per shift. **All staff shall be awake during sleep 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), Identego™ (formerly L-1 Identity Solutions®), and the related documents required to be maintained in each employees 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 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 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 1-6).



06/19/19

Kara Robinson
Licensing Consultant

Date

Approved By:



07/01/19

Ardra Hunter
Area Manager

Date