



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 27, 2019

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

RE: Application #: AS700402368
River View Transitions Living Center
340 Coburn Street
Grand Haven, MI 49417

Dear Mr. Paul:

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 effective January 1, 2020.

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 black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS700402368

Applicant Name: Hope Network Behavioral Health Services

Applicant Address: PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

Applicant Telephone #: (616) 726-1998

Licensee Designee: David Paul

Administrator: Christopher Thomas

Name of Facility: River View Transitions Living Center

Facility Address: 340 Coburn Street
Grand Haven, MI 49417

Facility Telephone #: (616) 607-2152

Application Date: 11/14/2019

Capacity: 6

Program Type: MENTALLY ILL

II. METHODOLOGY

| | |
|------------|--|
| 11/14/2019 | Enrollment |
| 11/14/2019 | Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for LD David Paul |
| 11/14/2019 | Lic. Unit file referred for background check review Red Screens - AL390084278, AM340089018, AS340089070 |
| 12/09/2019 | Contact - Document Received 1326/Fingerprint/RI 030 for David Paul |
| 12/09/2019 | File Transferred To Field Office Grand Rapids |
| 12/17/2019 | Application Complete/On-site Needed |
| 12/18/2019 | Inspection Completed On-site |
| 12/27/2019 | Recommend License Issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Riverview Transitions Living Center is a ranch-style home located at 340 Coburn Street Grand Haven, (Ottawa County), Michigan. It is owned and operated by Hope Network Behavioral Health Services, which also owns and operates approximately 25 other licensed Adult Foster Care homes and facilities throughout Michigan.

The home's main floor exists are at ground level, making it wheelchair accessible. There are six private resident bedrooms and two full resident bathrooms on the main floor and a staff bathroom. The laundry room, dining room, living room, kitchen, and office/medication room are also on the main floor. There are handrails where required. This home utilizes public water and sewage services.

There are plans to finish the basement and make it a game room. The basement has one set of stairs leading directly outside to ground level, and the internal set of stairs that goes to the main floor. There is a fire extinguisher and a smoke detector in the basement.

The furnace and water heater are located in a room in the basement, which enclosed with a 1 ¾ inch solid core door that is equipped with an automatic self-closing device and positive-latching hardware in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with an interconnected, hardwired

smoke detection system with battery back-up, which was installed by a licensed electrician and operated correctly upon the final inspection on December 18, 2019. There at least two operable A-B-C fire extinguishers attached to the wall and are easily accessible and the home is fully sprinkled. 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.

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 and surround landscaping and driveway is good.

Resident bedrooms were measured have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 15'4" X 10'10" | 166 | 1 |
| 2 | 15'4" X 10'10" | 166 | 1 |
| 3 | 15'4" X 10'10" | 166 | 1 |
| 4 | 15'4" X 10'10" | 166 | 1 |
| 5 | 15'4" X 10'10" | 166 | 1 |
| 6 | 15'4" X 10'10" | 166 | 1 |

Total Capacity: 6

The living and dining room areas measure a total of 668 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it has been 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 and/or female adults aged 18 years and older, who has been diagnosed with a mental illness. 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.

Hope Network Behavioral Health Services has simultaneously submitted an application to have this home specially certified for Mental Illness.

Riverview Transitions Living Center will provide all transportation to residents for program and medical needs. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the residents who reside there.

C. Applicant and Administrator Qualifications

David Paul is the Licensee Designee and Christopher Thomas is the Administrator for this home. Medical and Record Clearance requests for both of them were completed with no restrictions noted on either. Both of their TB-tine results were negative.

Mr. Paul and Mr. Thomas 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 six-bed facility includes a minimum of 1-staff-to-6 residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision or personal care requirements of the resident(s). The applicant has indicated that direct care staff will be awake during all shifts.

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), 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 Mrs. Thornton, 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.

VI. RECOMMENDATION

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




December 27, 2019

Licensing Consultant

Date

Approved By:



December 27, 2019

Area Manager

Date