



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 5, 2020

Bede Obasi, Jr.
Hanover Home Care Inc.
3055 Hanover Street
Hastings, MI 49058

RE: License #: AM080316994
Hanover Home
305 S. Hanover Street
Hastings, MI 49058

Dear Mr. Obasi, Jr.:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #: AM080316994

Licensee Name: Hanover Home Care Inc.

Licensee Address: 3055 Hanover Street
Hastings, MI 49058

Licensee Telephone #: (616) 498-6103

Licensee Designee: Bede Obasi, Jr.

Administrator: Pauline Obasi

Name of Facility: Hanover Home

Facility Address: 305 S. Hanover Street
Hastings, MI 49058

Facility Telephone #: (269) 948-9057

Original Issuance Date: 12/16/2013

Capacity: 11

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/05/2020** virtual inspection due to COVID 19 restrictions

Date of Bureau of Fire Services Inspection if applicable: 01/09/20

Date of Health Authority Inspection if applicable: Not applicable

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appears equipped to prepare and serve adequate meals.
- 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.
Virtual inspection
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
5/23/18 for rules 206 (3), 201 (13), 734B, 203(1)(a), 205(4), 206(6), 205 (7), 201 (1), 301 (10), 301 (4), 301 (6)(b), 301 (8), 301 (9), 310 (3), 315 (3) 316 (1).
10/4/18 for rule 304(1)(j). 11/30/18 for rules 734B, 406, and 208(3). 1/10/19 for rules 734b, 315(10), 205(3). 12/7/18 for rules 315 (2), 315 (3), 301(2), 301(6), 316(1). 7/24/29 for rule 308 (2). 11/14/19 for rules 408 (4) and 312 (1). N/A
- Number of excluded employees followed-up? 1 N/A

- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

Leslie Herrguth

6/5/20

Leslie Herrguth
Licensing Consultant

Date