STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

July 7, 2020

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

RE: License #:   AL410095350
Meadows
717 N. Center Drive NW
Walker, MI 49544

Dear Ms. Todd:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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) 356-0100.

Sincerely,

Grant Sutton, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AL410095350
Licensee Name:	Hope Network Behavioral Health Services
Licensee Address:	PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
Licensee Telephone #:	(616) 726-1998
Administrator/Licensee Designee:	Lisa Todd, Administrator Stephanie Leone, Designee
Name of Facility:	Meadows
Facility Address:	717 N. Center Drive NW Walker, MI 49544
Facility Telephone #:	(616) 647-2599
Capacity:	13
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II.   **Purpose of Addendum**

The licensee submitted a written request to add Developmental Disabilities (DD) to the population served in the facility, including to their Specialized Certification.

III.   **Methodology**

I reviewed the experience of the licensee.

IV.   **Description of Findings and Conclusions**

I find that the licensee has extensive experience in working with the DD population.

V.   **Recommendation**

I recommend that DD be added to the population served by the facility.

07/07/2020
_____
Grant Sutton   Date
Licensing Consultant