

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

Judy Naranjo Hope Network, S.E. 70 Lafayette Pontiac, MI 48342

RE: License #:	AM250281878
	New Hope Behavioral Services I
	Suite A
	1110 Eldon Baker Dr.
	Flint, MI 48507

Dear Ms. Naranjo:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (906) 226-4171.

Sincerely,

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems

Dusan Hutchinson

611 W. Ottawa Street

P.O. Box 30664

(989) 293-5222

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM250281878
Licensee Name:	Hope Network, S.E.
Licensee Address:	70 Lafayette
	Pontiac, MI 48342
Licensee Telephone #:	(248) 338-7458
Electroce releptions ".	(240) 000 7400
Licensee/Licensee Designee:	Judy Naranjo
Administrator:	William Paige
Name of Facility:	New Hope Behavioral Services I
Facility Address:	Suite A
	1110 Eldon Baker Dr.
	Flint, MI 48507
Facility Telephone #:	(810) 742-3134
- Lucinity Telephone III	(0.10) 1.12 0.10 1
Original Issuance Date:	05/06/2006
Capacity:	8
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL

II. METHODS OF INSPECTION

Date	of On-site Inspection(s	s):	07/01/2	2021
Date	of Bureau of Fire Serv	ices Inspection if appl	icable:	Needed
Date	of Health Authority Ins	spection if applicable:		07/01/2021
Inspe	ection Type:	☐ Interview and Obs ☐ Combination	servatio	n
No. c	of staff interviewed and of residents interviewed of others interviewed			3 4
• [Medication pass / simu	lated pass observed?	Yes ⊠	〗No ☐ If no, explain.
• 1	Medication(s) and med	ication record(s) revie	wed? \	∕es ⊠ No □ If no, explain.
• 1	Resident funds and ass Yes No If no, e Meal preparation / serv My inspection did not to Fire drills reviewed? Y	xplain. rice observed? Yes [ake place during a me]No ⊠ ealtime.	for at least one resident?
• [Fire safety equipment a	and practices observe	d? Yes	No □ If no, explain.
I	E-scores reviewed? (S f no, explain. Water temperatures ch	•	• /	
• I	ncident report follow-u	p? Yes⊠ No ☐ If	no, expl	ain.
2	Corrective action plan on 2/3/21 N/A Number of excluded er	•		CAP date/s and rule/s:
• \	√ariances? Yes ☐ (pl	ease explain) No	N/A 🔀	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was fo	ound to be in non-compliance with the following rules:	
R 400.14402	Food service.	
	(4) All food service equipment and utensils shall be constructed of material and that is nontoxic, easily cleaned and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.	
The corThe over	inspection, I noted the following: nmercial refrigerator is not working and is unable to be used. en is not working and is unable to be used. quipment must be maintained in good repair.	
R 400.14403	Maintenance of premises.	
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.	
	n Room #5. The room is uninhabitable. It must be repaired and dent is able to move back in.	
R 400.14403	Maintenance of premises.	
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.	
Handrails must be	installed in the shower area of Room #7.	
R 400.14403	Maintenance of premises.	
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.	
	om #7 is excessively dirty and the caulking is missing and/or ne tub. All resident bathrooms must be maintained and present in a	
R 400.14403	Maintenance of premises.	
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.	

The front door of the or replaced.	ne facility does not close properly. The door needs to be repaired
R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
The bathroom sink working condition.	in Room #7 is plugged. The sink must be maintained in good
R 400.14407	Bathrooms.
	(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.
The bathroom exh repaired or replace	aust fan in Room #6 does not work. The exhaust fan needs to be
R 400.14507	Means of egress generally.
	(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.
	ne sitting/day room is not equipped with positive-latching, non- ress hardware. The lock/doorknob must be replaced.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

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Dusan	Hutchinson	July 7, 2021

Susan Hutchinson	Date
Licensing Consultant	