



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



NANNETTE M. BOWLER
DIRECTOR

December 18, 2003

Mike Wolf
Hope Network Rehabilitation Services
1490 E Beltline SE
Grand Rapids, MI 49506

RE: Application #: AM410254890
HNRS Neuro-Behavioral Program
1492 E Beltline SE
Grand Rapids, MI 49506

Dear Mr. Wolf:

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 11 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Connie Yolles, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0118

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AM410254890

Applicant Name: Hope Network Rehabilitation Services

Applicant Address: 1490 E Beltline SE
Grand Rapids, MI 49506

Applicant Telephone #: (616) 940-0040

Administrator/Licensee Designee: Mike Wolf, Designee

Name of Facility: HNRS Neuro-Behavioral Program

Facility Address: 1492 E Beltline SE
Grand Rapids, MI 49506

Facility Telephone #: 616-940-0040 Ex. 294

Application Date: 11/15/2002

Capacity: 11

Program Type: MENTALLY ILL
PHYSICALLY HANDICAPPED
TRAUMATIC BRAIN INJURED

II. METHODOLOGY

11/15/2002	Enrollment
01/22/2003	Inspection Report Requested - Fire
01/22/2003	Inspection Report Requested - Health
08/20/2003	Inspection Report Requested - Fire Architect called and they are ready for the inspection. The project number he gave me is 2559-02
12/01/2003	Inspection Report Requested - Health The facility is ready for an inspection. Central Office sent the former request before the facility was built.
12/01/2003	Contact - Telephone call made To let the licensee designee know that the e-health request had been sent and to confirm our inspection date of 12-15-2003.
12/15/2003	Inspection Completed-Environmental. Health: A
12/16/2003	Inspection Completed On-site
12/16/2003	Inspection Completed-BFS Full Compliance
12/18/2003	Inspection Completed-Fire Safety: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story barrier free facility located in the vicinity of other facilities providing residential services to individuals with a traumatic brain injury. The facility is brand new and had been designed to serve the residential and treatment needs of the population that the corporation intends to serve.

The facility currently has nine bedrooms set up with bedroom furniture and has two more rooms that can be used as bedrooms should they decide to furnish them and increase their capacity. The furniture for the additional bedrooms is in storage and appropriate for use in the facility. All of the bedrooms has a private barrier free bathroom with a roll in wheelchair shower.

The facility is set up with three distinct wings that have doors to close off the wings should a situation warrant their use. Each of the wings contains bedrooms and living and dining areas. There are two laundry rooms for use by staff and the residents.

There are smoking rooms in each of the wings to accommodate smokers. Smoking is allowed only in the smoking rooms. The central area of the home is set up with offices, the kitchen, treatment rooms, and a large living area. There is adequate living space for eleven residents should the home decide to add the furniture to increase the capacity.

The home is in compliance with all the environmental health rules and fire safety rules.

The home is owned by Hope Rehabilitation Services (HNRS). Verification of the right to occupy the home is in the licensing file.

B. Program Description

The home is owned and operated by HNRS, a Michigan Non-Profit Corporation established on 1-12-1983. A certificate of good standing has been submitted and is in the licensing file. The names of the board of directors have been submitted and are on file with the Department. The corporation currently has licenses for four facilities and has demonstrated a great deal of expertise in the area of treatment and residential programming for the population that this facility intends to serve.

The good moral character of the licensee designee/ administrator has been checked and is acceptable.

The licensee has submitted the financial documents required and has been found to be in excellent shape financially.

The licensee designee/ administrator has met the competency and health requirements for AFC licensing. The home has an acceptable training program in place to train the employees they intend to hire to care for the residents in the home. The licensee designee is aware of the rule requirements for staffs file maintenance and intends to follow the rule requirements. The requirements for staff hiring and training are the same as the corporate requirements.

The admissions and discharge policies that have been submitted are part of the resident handbook. These policies and the handbook are in compliance with AFC administrative rules.

The staffing pattern will be one staff to two residents from 7 AM until 11 PM. From 11 PM until 7 AM the ratio will be one staff to four residents. Residents placed in the home must be at least age 18 or older.

Transportation will be provided by the home in a leased vehicle that they will share with another program that is next door to the facility. If the facility finds that a part time arrangement for transportation is not meeting resident needs the facility intends to lease a vehicle that will accommodate their needs.

