



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 10, 2022

Channe Hicks  
HGA Non-Profit Homes Inc.  
917 West Norton  
Muskegon, MI 49441

RE: Application #:	AS610411453 Black Creek Cove 2315 E. Broadway Ave. Muskegon, MI 49444
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Dear Ms. Hicks:

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.

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

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS610411453
<b>Applicant Name:</b>	HGA Non-Profit Homes Inc.
<b>Applicant Address:</b>	917 West Norton Muskegon, MI 49441
<b>Applicant Telephone #:</b>	(231) 728-3501
<b>Administrator/Licensee Designee:</b>	Channe Hicks
<b>Name of Facility:</b>	Black Creek Cove
<b>Facility Address:</b>	2315 E. Broadway Ave. Muskegon, MI 49444
<b>Facility Telephone #:</b>	(616) 842-4949
<b>Application Date:</b>	01/10/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

01/10/2022	Enrollment
01/10/2022	Application Incomplete Letter Sent Myra Dutton & Margie Hladki requesting documents for OLSR.
01/19/2022	Inspection Report Requested - Health 1032316
01/19/2022	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for LD and AFC 100 for Administrator
01/26/2022	Contact - Document Received 1326/RI 030 for Marjorie Kovach-Hladki and AFC 100 for Jeanette Grim
02/11/2022	File Transferred To Field Office GR via SharePoint
02/24/2022	Inspection Completed On-site
02/24/2022	Contact - Document Received
03/03/2022	Inspection Completed-Env. Health: A
03/08/2022	Contact - Document Received 1326/RI 030 for Channe Hicks
03/10/2022	Recommend License Issuance
03/11/2022	Licensee Issued

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

This ranch style home is located in rural Fruitport Township in an area of similarly constructed homes. The home is located on a fairly active, busy corner of a well-travelled road. Upon entering the home from the front door there is a large dining room, which is open to a large living room and kitchen. There is another door off the front porch which leads into the living room of the home. The home has three large, wheelchair accessible resident bedrooms, two located on the East side of the home and the third is located on the Southwest side of the home. The home is equipped with two large, wheelchair accessible full bathrooms (toilet, sink and shower) located on either side of the kitchen and laundry room, one near the two bedrooms on the East side of the home and the other located next to the bedroom on the Southwest side of the home.

There is office space off the newly built garage on the West side of the home. In addition, the home has a large yard both front and back for resident use with a chain link fence surrounding the facility. The fence has two gates equipped with flip latches to open and close the gates, but the gates are not locked. The home has two approved means of egress that are wheelchair accessible and exit onto flat ground from the front and back of the home. This home does not have a lower level/basement. The home was licensed previously as a small group home and is well set up for group home living with ambulatory residents or residents that require the use of a wheelchair.

Due to the location of the home, the Muskegon County Environmental Health Department inspected the facility's private sewage disposal system on 3/3/22 and determined it was in substantial compliance with applicable rules. The home utilizes the city water system.

The gas furnace and hot water heater are located outside of the home, in a separate room that can be entered from outside of and behind the home. This room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11X15.25	167.75	2
2	12.92X13	168	2
3	11.17X14.92	166.65	2

The living, dining, and sitting room areas measure a total of 588 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six 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 male or female ambulatory adults or adults that require the use of a wheelchair whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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. The applicant intends to accept residents from Muskegon County-DHS (or surrounding counties), Muskegon County CMH (of surrounding counties), or private pay individuals as a referral source.

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, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide transportation for program and medical needs if specified in the Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is H.G.A. Non-Profit Homes, Inc, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 03/26/1980. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of H.G.A. Non-Profit Homes, Inc, L.L.C. have submitted documentation appointing Channe Hicks as licensee designee for this home and Jeanette Grim as the administrator of the home.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator 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 6-bed home is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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](http://www.miltcpartnership.org)) 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 the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care

service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**III. RECOMMENDATION**

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

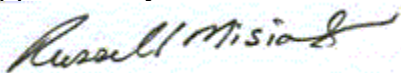


3/10/22

Elizabeth Elliott  
Licensing Consultant

Date

Approved By:



3/10/22

Russell Misiak  
Area Manager

Date