



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 10, 2022

Yaszdi Rockette and Constance Adams  
Hope, Love and Grace, LLC  
395 E. Delaware  
Benton Harbor, MI 49022

RE: Application #: AM110401946  
Hope Love & Grace  
785 Pipestone  
Benton Harbor, MI 49022

Dear Yaszdi Rockette and Constance Adams:

Attached is the Original Licensing Study Report for the above referenced home. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
427 East Alcott  
Kalamazoo, MI 49001  
(269) 615-5050

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM110401946
<b>Applicant Name:</b>	Hope, Love and Grace, LLC
<b>Applicant Address:</b>	395 E. Delaware Benton Harbor, MI 49022
<b>Applicant Telephone #:</b>	(269) 252-2070
<b>Administrator/Licensee Designee:</b>	Yaszdi Rockette, Designee
<b>Name of Home:</b>	Hope Love & Grace
<b>Home Address:</b>	785 Pipestone Benton Harbor, MI 49022
<b>Home Telephone #:</b>	(269) 252-2070
<b>Application Date:</b>	10/03/2019
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

10/03/2019	Enrollment Online enrollment
10/04/2019	Contact - Document Received IRS ltr; 1326A & AFC 100 for Constance (LD & Admin)
10/04/2019	Contact - Document Sent Fire Safety String
10/04/2019	Contact - Document Sent Act booklet
10/04/2019	Application Incomplete Letter Sent
12/20/2021	Application Incomplete Letter Sent
06/07/2022	Contact- Document Received
06/07/2022	Inspection Completed On-site- BCAL Full Compliance
06/08/2022	Application Incomplete Letter Sent
06/08/2022	Contact- Document Received
06/09/2022	Contact- Document Received
06/10/2022	Contact- Document Received

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Home

Hope, Love, and Grace is a renovated three-story historical home in the city of Benton Harbor. -It is near multiple convenience stores, restaurants, and parks. Lakeland Hospital is approximately three miles from the home. The applicant has agreed that the third floor will not be used for residents.

There is a ramp leading to the entrance of the home providing accessibility for residents who utilize wheelchairs. There is a sitting room/common area through the front door of the home. There are two bedrooms on the main level that are appropriate for resident use, one for single occupancy and one for double occupancy. There is a full bathroom, with low-entry shower on the main level. There are two additional rooms on the main level; one is a staff office, and the other is a recreational room/common space. The licensee has agreed not to set up more than 12 beds to accommodate the 12 residents the home is licensed for. The main level has a large living area that opens to an ample dining area with a large table with enough to seating for all residents. Attached to the dining room, there is a fully equipped kitchen.

There are five bedrooms on the second floor for resident use; one single occupancy and four double occupancy. There is one full bathroom with a bathtub on the second floor. There are also storage closets and a locked door leading to the third floor which will not be utilized. There is a furnace located on the third floor which is separated from the occupied areas of the home by 1 ¾" wide solid core wood door that has a self-closing device and positive latching hardware

The home has a gas water heater and a second gas forced-air heating system which are in the basement in an approved heat plant. There is a 1 ¾" wide solid core wood door that has a self-closing device and positive-latching hardware. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is protected by Guardian Protection Systems which provides smoke detection, a sprinkler system, and alarms on the doors. The home utilizes public water and sewage services

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16.4 x 9.4 + 6.8 x 4.4	184	2
2	11.05 x 15.4	170	2
3	13.63 x 9.8	134	1
4	10.75 x 15.14	163	2
5	13.5 x 10.78	146	2
6	9.86 x 12.88 +	140	1

	3.8 x 3.4		
7	15.23 x 12.79	195	2

The living, dining, and recreational areas in the home equal 774 square feet. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate 12 residents. It is the licensee’s responsibility not to exceed the home’s licensed capacity.

**B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 12 male or female residents who are 18-65 years old and are mentally ill or developmentally disabled. The program will include training to develop personal hygiene, personal adjustment, public safety, social interaction, and independent living skills. The applicant intends to provide an opportunity for involvement in educational or day programs, treatment activities, an/or employment. The applicant has applied for special certification and intends to accept residents who meet the qualifications for specialized placement through community mental health authorities.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including public schools and library, local museums, shopping centers, churches, outdoor activities including the YMCA to enhance the quality of life and increase the independence of residents.

**C. Application and Administrator Qualifications**

The applicant is Hope, Love and Grace, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 3/30/2015. 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 home.

The members of Hope, Love and Grace, L.L.C. have submitted documentation appointing Ms. Yaszdi Rockette as licensee designee and Ms. Constance Adams as administrator for this home.

Criminal history background checks of Ms. Rockette and Ms. Adams were completed. They determined to be of good moral character to provide licensed adult foster care. Ms. Rockette and Ms. Adams submitted a statement from a physician documenting good health and current negative tuberculosis test results.

Ms. Rockette and Ms. Adams have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms.

Rockette and Ms. Adams have worked with the population they intend to serve through a variety of professional positions and provided documentation to support their experience and familiarity with licensing requirements. In addition to previous experiences and education, Ms. Rockette and Ms. Adams have operated one successful adult foster care home since 2017 and another successful adult foster care home since 2019. Both homes provide services for mentally ill and developmentally delayed residents.

The staffing pattern for the original license of this 12-bed home is adequate and includes a minimum of two staff for 12 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

Ms. Rockette and Ms. Adams acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the home in that capacity or being considered as part of the staff to resident ratio.

Ms. Rockette and Ms. Adams acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Rockette and Ms. Adams acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, it was acknowledged that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Rockette and Ms. Adams acknowledged the 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 acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Rockette and Ms. Adams acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Rockette and Ms. Adams acknowledged the responsibility to obtain the required 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.

Ms. Rockette and Ms. Adams acknowledged the 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.

Ms. Rockette and Ms. Adams acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged 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.

Ms. Rockette and Ms. Adams acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

Ms. Rockette and Ms. Adams acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Rockette and Ms. Adams acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Rockette and Ms. Adams acknowledged that residents with mobility impairments may only reside on the main floor of the home.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend a temporary license with the capacity of 12 residents be issued to this Adult Foster Care medium group home.

*Cassandra Duursma*

6/10/22

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Cassandra Duursma  
Licensing Consultant

Date

Approved By:

*Russell Misiak*

6/12/22

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Russell B. Misiak  
Area Manager

Date