



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 15, 2022

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

RE: License #: AL700085846
Harbor Point Intensive West Unit
17160 130th Avenue
Nunica, MI 49448

Dear Mr. Paul:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violation cited in the report requires 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 the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific dates for the 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 and special certification 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 (616) 356-0183.

Sincerely,

Anthony Mullins

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AL700085846

Licensee Name: Hope Network Behavioral Health Services

Licensee Address: PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

Licensee Telephone #: 616-847-4460

Licensee/Licensee Designee: David Paul

Administrator: David Paul

Name of Facility: Harbor Point Intensive West Unit

Facility Address: 17160 130th Avenue
Nunica, MI 49448

Facility Telephone #: (616) 847-4460

Original Issuance Date: 11/15/1999

Capacity: 15

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/15/2022

Date of Bureau of Fire Services Inspection if applicable: 7/20/21, 8/2/21

Date of Health Authority Inspection if applicable: 03/08/2022, 4/22/22

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Not med time during inspection.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
Rule 400.15304 (b) {freedom of movement-the facility is secure}

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The facility did not complete fire drills on each shift, once per quarter as the fire drill for January 2022 was not completed.

Due to the violation identified, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

IV. RECOMMENDATION

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

Anthony Mullins

06/15/2022

Anthony Mullins
Licensing Consultant

Date