

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 4, 2022

Terrence Parker H.O.P.E. HOUSING LLC 2200 West 11 Mile Road, Suite 2105 Southfield, MI 48037

> RE: License #: AS820403676 H.O.P.E HOUSING 14209 llene Detroit, MI 48210

Dear Mr. Parker:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• An on-site inspection will be conducted.

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 (313) 456-0380.

Sincerely,

K. Robinson, LMSW, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-0574

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

I. IDENTIFYING INFORMATION

License #:	AS820403676
Licensee Name:	H.O.P.E. HOUSING LLC
Licensee Address:	14209 llene Detroit, MI 48238-2215
Licensee Telephone #:	(313) 585-7639
Licensee/Licensee Designee:	Terrence Parker, Designee
Administrator:	Terrence Parker
Name of Facility:	H.O.P.E HOUSING
Facility Address:	14209 llene Detroit, MI 48210
Facility Telephone #:	(313) 397-2193
Original Issuance Date:	03/03/2022
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes □ No ⊠ If no, explain. No residents in care.
- Medication(s) and medication record(s) reviewed? Yes \Box No \boxtimes If no, explain.

0 0

- 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.
- Corrective action plan compliance verified? Yes □ CAP date/s and rule/s: N/A ⊠
- Number of excluded employees followed-up? N/A \boxtimes
- Variances? Yes 🗌 (please explain) No 🗌 N/A 🔀

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 400.713 License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

> (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(a) The financial stability of the facility.

(b) The applicant's compliance with this act and rules promulgated under this act.

(c) The good moral character of the applicant, or owners, partners, or directors of the facility, if other than an individual. Each of these persons shall be not less than 18 years of age.

(d) The physical and emotional ability of the applicant, and the person responsible for the daily operation of the facility to operate an adult foster care facility.

(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the

daily operation of the facility shall be not less than 18 years of age.

The department is not able to determine compliance with the rule requirements due to the licensee not being able to obtain residents in care since the issuance of the temporary license. Mr. Parker has submitted a plan detailing the action steps taken to obtain residents.

A corrective action plan was requested and approved on 09/27/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received; issuance of a provisional license is recommended.

Kobinsor

09/30/22

Date

Kara Robinson Licensing Consultant

Approved by

10/04/22

Ardra Hunter Area Manager Date