



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 15, 2023

Andrew Davenport  
Hope Network West Michigan  
PO Box 890  
Grand Rapids, MI 49501-0141

RE: Application #: AS410415106  
Neo Wyoming  
3280 Michael Ave. SW  
Wyoming, MI 49509

Dear Mr. Davenport:

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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410415106
<b>Applicant Name:</b>	Hope Network West Michigan
<b>Applicant Address:</b>	PO Box 890 Grand Rapids, MI 49518
<b>Applicant Telephone #:</b>	(616) 430-9454
<b>Administrator/Licensee Designee:</b>	Andrew Davenport, Designee
<b>Name of Facility:</b>	Neo Wyoming
<b>Facility Address:</b>	3280 Michael Ave. SW Wyoming, MI 49509
<b>Facility Telephone #:</b>	(616) 248-5100
<b>Application Date:</b>	12/07/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

12/07/2022	Enrollment
12/07/2022	Application Incomplete Letter Sent Signed App & Updated fingerprint/1326/RI 030 for Andrew Davenport
12/07/2022	PSOR on Address Completed
12/20/2022	Contact - Document Received Signed app & 1326/RI 030 for Andrew Davenport (sent to L Herrguth for review)
01/11/2023	File Transferred To Field Office GR via SharePoint
01/12/2023	Application Incomplete Letter Sent
03/13/2023	Application Complete/On-site Needed
03/13/2023	Inspection Completed On-site
03/13/2023	Inspection Completed-BCAL Full Compliance
03/13/2023	Inspection Completed-Env. Health : A
03/13/2023	Inspection Completed-Fire Safety : A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Neo Wyoming home was previously licensed by Hope Network Neuro Rehab as an AFC Home. This is two story stick build Colonial style home is located in Wyoming, MI. The basement will be off-limits to residents and is not approved for their use. This home is wheelchair accessible on the first floor and has an approved means of egress that is equipped with ramps from the first floor. This home utilizes a public water and sewage system.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive-latching hardware located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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	14.83 x 10.83	160.6	2
2	10.25 x 13.08	134	2
3	12.17 x 18.42	224	2
4	10.75 x 12.5	134.4	2
5	11.5 x 12.5	143.75	2
6	10.92 x 14.33	156.5	2
7	17.58 x 12	211	2

The licensee has the option of putting up to two residents in any of the above bedrooms with 130 or more square feet of usable floor space, capacity is limited to a maximum of six AFC residents.

The living, dining, and sitting room areas measure a total of 865 square feet of living space. This complies with the 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** (6) male or female ambulatory adults whose diagnosis is developmentally disabled, 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 local CMH and private pay 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 all transportation for program and medical needs. 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 Hope Network Developmental and Community Services, is a domestic nonprofit corporation, and was established in Michigan, on 12/23/1996. 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 Board of Directors of Center for Comprehensive Services, Inc. has submitted documentation appointing Andrew Davenport as the Licensee Designee and Administrator of the facility.

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

The licensee/administrator has 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 7 bedroom facility is adequate and includes a minimum of 1 staff -to- 2 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 residents' 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.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

 March 15, 2023

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Rebecca Piccard Date  
Licensing Consultant

Approved By:

 March 15, 2023

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Jerry Hendrick Date  
Area Manager