

GRETCHEN WHITMER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 1, 2023

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

RE: License #: AS340089084

Westlake VI

11652 Grand River Lowell, MI 49331

#### Dear Ms. Leone:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require 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 each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each 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,

Megan auterman, msw

Megan Aukerman, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 (616) 438-3036

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

#### I. IDENTIFYING INFORMATION

**License #:** AS340089084

Licensee Name: Hope Network Behavioral Health Services

Licensee Address: PO Box 890

3075 Orchard Vista Drive

Grand Rapids, MI 49518-0890

**Licensee Telephone #:** (616) 430-7952

Licensee/Licensee Designee: Stephanie Leone

Administrator: Heather Burnell

Name of Facility: Westlake VI

Facility Address: 11652 Grand River

Lowell, MI 49331

**Facility Telephone #:** (616) 897-5900

Original Issuance Date: 11/09/1999

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

### **II. METHODS OF INSPECTION**

Dat	e of On-site Inspection(s):	05/22/2	2023	
Dat	e of Bureau of Fire Services Inspection if appl	licable:	N/A	
Dat	e of Health Authority Inspection if applicable:		N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		2	
•	Medication pass / simulated pass observed?	' Yes ⊠	〗No □ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain			
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ 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 In 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? N/A ⊠ Number of excluded employees followed-up		CAP date/s and rule/s: N/A ⊠	
•	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:

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

On 05/22/2023, an onsite inspection was completed at the facility. One of the resident bathrooms was observed to have several pieces of missing tile, in the shower floors. Administrator, Heather Burnell and Program Manager, Brandi Moore stated they would make maintenance aware of the issue.

**Violation Established** 

#### IV. RECOMMENDATION

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

Megan auterman, msw	06/01/2023
Megan Aukerman Licensing Consultant	Date