



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 23, 2023

William Paige  
Hope Network, S.E.  
PO Box 190179  
Burton, MI 48519

RE: License #:	AM250281878 <b>New Hope Behavioral Services I Suite A 1110 Eldon Baker Dr. Flint, MI 48507</b>
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Dear Mr. Paige:

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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250281878
<b>Licensee Name:</b>	Hope Network, S.E.
<b>Licensee Address:</b>	PO Box 190179 Burton, MI 48519
<b>Licensee Telephone #:</b>	(586) 206-8869
<b>Licensee/Licensee Designee:</b>	William Paige
<b>Administrator:</b>	Tara Maynie
<b>Name of Facility:</b>	New Hope Behavioral Services I
<b>Facility Address:</b>	Suite A 1110 Eldon Baker Dr. Flint, MI 48507
<b>Facility Telephone #:</b>	(810) 742-3134
<b>Original Issuance Date:</b>	05/06/2006
<b>Capacity:</b>	8
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/22/2023

Date of Bureau of Fire Services Inspection if applicable: 01/20/2023

Date of Health Authority Inspection if applicable: 06/22/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: N/A

- 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  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
My inspection did not take place during a mealtime
- 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:  
07/01/2021; as407(1), as507(6) 09/08/21; as408(2), as401(1), as403(4)  
09/09/2022; as311(1), as301(4) 10/31/22; as403(1) 12/21/2022; as308(1)  
01/31/23; as312(4)(b) 04/12/2023; as403(2) N/A
- Number of excluded employees followed-up? 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:	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.</b>
At the time of my inspection, I noted the following: In resident bedroom #7, the hot water faucet on the left side sink was not working and the water in the shower of resident bathroom #7 did not get up to at least 105 degrees Fahrenheit.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<p>At the time of my inspection, I noted the following:</p> <ul style="list-style-type: none"> <li>• The bathroom laminate flooring in bedroom #4 is peeling and needs to be repaired/replaced.</li> <li>• The toilet paper holder in bedroom #6 is broken and needs to be replaced.</li> <li>• The bathroom laminate flooring in bedroom #7 is damaged and needs to be repaired/replaced.</li> <li>• There is a missing plug outlet cover in bedroom #7 that needs to be replaced.</li> <li>• The resident's personal refrigerator in bedroom #7 is excessively dirty and unsanitary.</li> <li>• The plug outlet near the door in bedroom #7 is stripped and needs to be replaced.</li> <li>• The bathroom laminate flooring in bedroom #5 is torn and needs to be repaired/replaced.</li> <li>• The toilet is clogged in bedroom #5.</li> <li>• The wall behind the door in bedroom #5 has been spackled due to damage but it needs to be sanded and repainted.</li> </ul> <p><b>REPEAT VIOLATION ESTABLISHED: Ref. SIR #2023A0872006, CAP dated 12/29/2022; SIR #2021A0569038, CAP dated 10/18/21</b></p>	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	<b>(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.</b>

At the time of my inspection, I noted that several interior doors did not have hardware that is equipped with positive-latching, non-locking-against-egress hardware. Specifically, resident bedroom #5 and the staff bathroom. All interior, occupied rooms shall have appropriate door hardware.

**REPEAT VIOLATION ESTABLISHED: Ref. Renewal LSR dated 07/07/21 and CAP dated 07/22/21.**

#### IV. RECOMMENDATION

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



June 23, 2023

Susan Hutchinson Licensing Consultant	Date
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