



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 21, 2023

Sandra Costello
Hope Network Rehabilitation Serv
1490 E Beltline SE
Grand Rapids, MI 49506

RE: Application #: AL330417843
HNRS Cedarwood
2711 East Lansing Drive
East Lansing, MI 48823

Dear Sandra Costello:

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 14 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330417843
Licensee Name:	Hope Network Rehabilitation Serv
Licensee Address:	1490 E Beltline SE Grand Rapids, MI 49506
Licensee Telephone #:	(616) 643-3977
Licensee Designee:	Sandra Costello
Administrator:	Sandra Costello
Name of Facility:	HNRS Cedarwood
Facility Address:	2711 East Lansing Drive East Lansing, MI 48823
Facility Telephone #:	(517) 332-1616
Application Date:	09/18/2023
Capacity:	14
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/20/2023	Inspection Completed-Fire Safety : A Completed for active license AL330083930
09/18/2023	On-Line Enrollment
09/19/2023	File Transferred To Field Office Lansing via SharePoint
09/22/2023	Application Incomplete Letter Sent Emailed to licensee designee, Sandra Costello.
11/17/2023	Application Complete/On-site Needed
11/17/2023	Inspection Completed On-site
11/17/2023	Inspection Completed Env. Health: A rating
11/17/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

HNRS Cedarwood is a large group home located at 2711 East Lansing Dr., Lansing, MI 48823. The home is located in the City of East Lansing and has zoning approval from the City of East Lansing to provide adult foster care services. The home is located within the vicinity of neighboring businesses. The group home is a single level home with no basement. The home is divided into three separate suites and each suite includes four resident bedrooms for a total of 12 resident bedrooms in the home. Two of the resident bedrooms are designated as double occupancy rooms, but the facility is currently choosing to keep all 12 resident bedrooms private rooms at this time. Each resident bedroom has a private full bathroom that has a barrier free shower, totaling 12 full bathrooms. There are 8 forms of egress from the building, all at ground level. Five of the exits lead out onto a concrete sidewalk. Two of the exits lead to an enclosed porch. Each of the three suites has a combination, living room/dining room area and a kitchen for resident use. There is one community room available in the front of the home. The home is wheelchair accessible and has three approved means of egress on the ground level that lead away from the building with concrete sidewalks. The home utilizes public water and sewer. I conducted an inspection of the facility regarding environmental health rules and found the facility to be in compliance with applicable environmental health rules.

There are three furnace units in the facility that are natural gas and located behind locked 1-3/4 inch solid core doors equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and

is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout. The system was inspected and approved by Bureau of Fire Services on 4/20/23. The home has a portable generator for power outages.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
301	14'6" x 10	145.00 sq.ft	1
302	12'5" x 18'7"	230.75 sq.ft	1
303	11'11" x 18'7"	221.45 sq.ft	1
304	15 x 10'2"	152.51 sq.ft	1
305	15'4" x 10'4"	158.44 sq.ft	1
306	12'5 x 18'7"	230.75 sq.ft	2
307	12'5 x 18'7"	230.75 sq.ft	2
308	14'9" x 10'4"	152.41 sq.ft	1
309	14'9" x 10'4"	152.41 sq.ft	1
310	14'9" x 10'4"	152.41 sq.ft	1
311	12'4" x 18'7"	229.18 sq.ft	1
312	14'9" x 10'4"	152.41 sq.ft	1
Living Room/Dining Room A	19'5" x 32'1"	622.96 sq.ft	0
Living Room/Dining Room B	19'3" x 32'1"	617.60 sq.ft	0
Living Room/Dining Room C	20'3" x 32	648 sq.ft	0
Community Room	26'5" x 23'1"	609.79 sq.ft	0

The living, dining, and sitting room areas measure a total of 2498.35 sq.ft. square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate fourteen (14) 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 fourteen (14) male and/or female ambulatory and/or physically disabled adults whose

diagnosis is traumatic brain injury and/or spinal cord injury, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The program includes access to social work, dietician, psychiatry, physiatry, physical therapy and occupational therapy services. 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 home care agencies, hospitals, primary care physicians 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 libraries, local museums, shopping centers, YMCA, bowling, community events and local parks.

The home offers religious services weekly at the facility. Residents can participate but not required to participate.

C. Applicant and Administrator Qualifications

The applicant is Hope Network Rehabilitation Services, which is a "Domestic Limited Liability Company", was established in Michigan, on 1/12/83. The applicant was most recently known as, Hope/Spectrum Health CC, having merged into Hope Network Rehabilitation Services on 4/27/22. 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 members of Hope Network Rehabilitation Services have submitted documentation appointing Sandra Costello as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee/administrator, Sandra Costello. The licensee designee/administrator, Sandra Costello, submitted a medical clearance request with statements from a physician documenting her good health and current TB test negative results.

The licensee designee/administrator, Sandra Costello, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Costello earned a RN-BSN degree from Michigan State University in 2015. She has worked for the Hope Network organization since January 2021, providing direct care to their residents who have been diagnosed with traumatic brain injury and spinal cord injuries.

The staffing pattern for the original license of this 14-bed facility is adequate and includes a minimum of 2 staff to 14 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase/decrease 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) 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 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 resident's 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.

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 six-month temporary license to this adult foster care large group home capacity of 14 residents.

Jana Lipps

11/20/23

Jana Lipps
Licensing Consultant

Date

Approved By:

Dawn Timm

11/21/2023

Dawn N. Timm
Area Manager

Date