



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 #: AM330417845  
**HNRS East Lansing House**  
**2775 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 10 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**

|                              |   |
|------------------------------|---|
| <b>License #:</b>            | AM330417845   |
| <b>Licensee Name:</b>        | Hope Network Rehabilitation Serv                      |
| <b>Licensee Address:</b>     | 1490 E Beltline SE<br>Grand Rapids, MI 49506          |
| <b>Licensee Telephone #:</b> | (616) 643-3977  |
| <b>Licensee Designee:</b>    | Sandra Costello                                       |
| <b>Administrator:</b>        | Sandra Costello                                       |
| <b>Name of Facility:</b>     | HNRS East Lansing House                               |
| <b>Facility Address:</b>     | 2775 East Lansing Drive<br>East Lansing, MI 48823     |
| <b>Facility Telephone #:</b> | (517) 332-1616<br>09/18/2023                          |
| <b>Application Date:</b>     |   |
| <b>Capacity:</b>             | 10  |
| <b>Program Type:</b>         | PHYSICALLY HANDICAPPED<br>TRAUMATICALLY BRAIN INJURED |

## II. METHODOLOGY

|            |   |
|------------|---|
| 03/16/2023 | Inspection Completed-Fire Safety : A Completed for active AM330080721             |
| 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-BCAL Full Compliance   |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

HNRS East Lansing House is a small group home located at 2775 East Lansing Dr., East 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 ranch style structure with a basement. The home has elevator access to the basement and the most recent elevator work order reviewed certified the elevator until 4/10/24. The main level consists of resident living area on one side, separated by a fire door from administrative offices on the other side. Residents have access to the administrative offices during office hours. The administrative offices are locked, during weekends and evening hours. There are separate entrances and exits for the resident area of the home. There are two exits at ground level with sidewalks leading away from the building. These exits are handicap accessible. There is a third exit, which is ramped, but the ramp terminates in grass and has no pathway to a safe evacuation for wheelchair users. The basement has space for resident activities and therapies but there are no resident bedrooms in the basement area. The residents have access to the basement with staff supervision. The main kitchen, where daily meals are prepared, is in the basement of the home and the meals are brought to the main level for resident consumption. The resident bedrooms are located on the main level of the home. There are nine resident bedrooms in the facility. One of the bedrooms is currently being utilized as an employee office space and one of the bedrooms is licensed for double occupancy. The facility is utilizing the bedrooms as private rooms with a capacity of 8 residents currently. The facility has four full bathrooms that are equipped with barrier free showers for resident use. Each of the four bathrooms has a call button in place for

resident safety. The facility has a separate living room, and a large eat in kitchen area for meals. The kitchen on the main level is used for resident use or to reheat meals that are transported from the main kitchen in the basement. The home is wheelchair accessible and has two approved means of egress at ground level. The facility has a greenhouse on the campus, disconnected from the home, where residents can do gardening and other crafts. This greenhouse has a boiler system to provide for heat. The boiler is located in the greenhouse. The home utilizes public water and sewer.

The furnaces are natural gas and located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. There are three locked rooms with furnaces in the basement of the facility. 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. 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 3/16/23.

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

| Bedroom #   | Room Dimensions                | Total Square Footage | Total Resident Beds |
|-------------|--------------------------------|----------------------|---------------------|
| 201         | 11'7" x 11'5"                  | 132.24 sq.ft.        | 1                   |
| 202         | 11'7" x 11'5"                  | 132.24 sq.ft.        | 1                   |
| 203         | 13'9" x 13'7"                  | 186.77 sq.ft.        | 1                   |
| 204         | 19'3" x 5'9"<br>11'10" x 2'11" | 145.2 sq.ft.         | 2                   |
| 205         | 11' x 11'4"                    | 124.66 sq.ft.        | 1                   |
| 206         | 10'4" x 11'3"                  | 116.25 sq.ft.        | 1                   |
| 207         | 11'4" x 15'7"                  | 176.60 sq.ft.        | 1                   |
| 208         | 11'3" x 11'7"                  | 130.31 sq.ft.        | 1                   |
| 209         | 10' x 9'9"                     | 97.5 sq.ft.          | 1                   |
| Living Room | 20'6" x 19'4"                  | 396.33 sq.ft.        | 0                   |

The living, dining, and sitting room areas measure a total of 396.33 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 ten (10) 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 ten

(10) 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 are 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 their 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 10 bed facility is adequate and includes a minimum of 1 staff to 10 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](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 designee, 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 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.

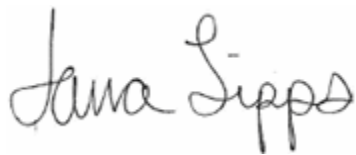
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **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 small group home capacity of 10 residents.



11/17/23

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Jana Lipps  
Licensing Consultant

Date

Approved By:



11/21/2023

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Dawn N. Timm  
Area Manager

Date