



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 26, 2023

Amanda Ledford  
Hope Network West Michigan  
PO Box 890  
Grand Rapids, MI 49501-0141

RE: License #: AS410416616  
**Emani**  
**440 Baltimore NE**  
**Grand Rapids, MI 49508**

Dear Mrs. Ledford:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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,

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410416616
<b>Licensee Name:</b>	Hope Network West Michigan
<b>Licensee Address:</b>	PO Box 890 Grand Rapids, MI 49518
<b>Licensee Telephone #:</b>	(616) 430-9454
<b>Licensee/Licensee Designee:</b>	Amanda Ledford
<b>Administrator:</b>	Amanda Ledford
<b>Name of Facility:</b>	Emani
<b>Facility Address:</b>	440 Baltimore NE Grand Rapids, MI 49508
<b>Facility Telephone #:</b>	(616) 200-6114
<b>Original Issuance Date:</b>	07/05/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/19/2023

Date of Bureau of Fire Services Inspection if applicable: 12/19/2023

Date of Health Authority Inspection if applicable: 12/19/2023

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 0

No. of others interviewed Role:

- 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.  
No meal at the time of inspection
- 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.  
No IR's.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? Rodney Williams-not employed  
N/A ☐
- Variances? Yes ☒ (please explain) No ☐ N/A ☐  
The home was approved a variance upon opening to allow a minor in care to reside in the home.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 December 26, 2023

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Rebecca Piccard  
Licensing Consultant

Date