

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 25, 2024

Kayonna Ferguson Hope Network, S.E. PO Box 190179 Burton, MI 48519

> RE: License #: AS250395712 Hegel Home 5440 South Morrish Road Swartz Creek, MI 48473

Dear Kayonna Ferguson:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification are 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 (517) 643-7960.

Sincerely,

Christophen A. Holvey

Christopher Holvey, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 899-5659

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

I. IDENTIFYING INFORMATION

| License #: | AS250395712 |
|-----------------------------|--|
| Licensee Name: | Hope Network, S.E. |
| Licensee Address: | PO Box 190179 Burton, MI 48519 |
| Licensee Telephone #: | (989) 482-7039 |
| Licensee/Licensee Designee: | Kayonna Ferguson, Designee |
| Administrator: | Melanie Love |
| Name of Facility: | Hegel Home |
| Facility Address: | 5440 South Morrish Road Swartz Creek, MI 48473 |
| Facility Telephone #: | (810) 701-0404 |
| Original Issuance Date: | 07/31/2019 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL |
| Special Certification: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): | 01/18/2024 | |
|---|---------------|--|
| Date of Bureau of Fire Services Inspection if app | olicable: N/A | |
| Date of Health Authority Inspection if applicable: | N/A | |
| No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: | 2 6 | |
| • Medication pass / simulated pass observed? Yes \boxtimes No \square 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 X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. | | |
| ● Fire drills reviewed? Yes ⊠ No □ If no, explain. | | |
| • Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain. | | |
| E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. Water temperatures checked? Yes No I If no, explain. | | |
| Incident report follow-up? Yes X No I If no, explain. | | |
| Corrective action plan compliance verified? 5/6/2022, 401 (6) & 311 (1)©(iii) N/A Number of excluded employees followed-up | — | |
| ● 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.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

The 1st resident bedroom on the left had a long crack in the window. The crack was raised to the touch.

A corrective action plan was requested and approved on 01/18/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and special certification is recommended.

Christolus A. Holvey

1/25/2024

Christopher Holvey Licensing Consultant Date