

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 30, 2024

David Paul Hope Network Behavioral Health Services PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890

RE: License #: AL820395614

Harbor Point Dearborn Heights

6500 N Inkster Road

Dearborn Heights, MI 48127

Dear Mr. Paul:

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 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 (313) 456-0380.

Sincerely,

K. Robinson, LMSW, Licensing Consultant Bureau of Community and Health Systems

K. Robinson

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AL820395614

Licensee Name: Hope Network Behavioral Health Services

Licensee Address: PO Box 890

3075 Orchard Vista Drive

Grand Rapids, MI 49518-0890

Licensee Telephone #: (616) 430-7952

Licensee/Licensee Designee: David Paul, Designee

Administrator: David Paul

Name of Facility: Harbor Point Dearborn Heights

Facility Address: 6500 N Inkster Road

Dearborn Heights, MI 48127

Facility Telephone #: (313) 908-4459

Original Issuance Date: 08/12/2019

Capacity: 13

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	01/26/2024
Date of Bureau of Fire Services Inspection if applicable:		
Date of Health Authority Inspection if applicable:		
No. of staff interviewed and/or observed 03 No. of residents interviewed and/or observed 07 No. of others interviewed 01 Role: Licensee designee		
•	Medication pass / simulated pass observed? Yes \square No \boxtimes If no, explain. Med pass occurred while I was reading cases, so I missed it in error. Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square 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 Or If no, explain. Water temperatures checked? Yes No [
•	Incident report follow-up? Yes No If no, explain.	
•	Corrective action plan compliance verified? Yes \boxtimes CAP date/s and rule/s: 3/1/22: 803(6), 204(3)(f), 301(4), 301(6)(b), 315(13), and 315(3) N/A \boxtimes Number of excluded employees followed-up? N/A \boxtimes	
•	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 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

There were 10 residents placed at the facility during the review period; no record of E-scores having been completed within 30 days of admission for all 10 residents. Therefore, the department determined the licensee failed to complete evacuation assessments for new resident admits.

This is a **REPEAT VIOLATION**; See 03/22 CAP. Mr. Paul submitted an approved plan of correction, but to date, the plan has not been successfully implemented based on the current violation.

R 400.15204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(b) First aid.

Direct care worker, Ashley Jolly-Campbell has no verification of completion of First Aid training; Ashley has been working at the facility since 7/7/23.

R 400.15208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (g) Beginning and ending dates of employment.

Employee records didn't have clear and concise start dates. Mr. Paul had to call Human Resources to obtain employee hire dates on the day of inspection.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Observed DS's AFC Assessment Plan dated 4/17/23 is not signed by the licensee. Corrected onsite; no further action is required.

This is a **REPEAT VIOLATION**; See 03/22 CAP. Mr. Paul submitted an approved plan of correction, but to date, the plan has not been successfully implemented based on the current violation.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

- (8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.
- Observed AB's Resident Care Agreement (RCA) dated 6/14/23 is not signed by the resident; AB's RCA dated 7/21/22 is not signed by the licensee.
- Observed DS's RCA dated 4/19/23 is not signed by the licensee; DS's RCA dated 6/14/23 is not signed by the guardian.

R 400.15403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

- Observed resident bedrooms were generally untidy with special emphasis on the attached bathrooms.
- Observed the walls in hallways needed painting due to several holes being patched and sanded.
- Observed water damage in the basement area due to recent flooding per Mr. Paul.
- Observed bedroom #6 has missing light bulbs above the bath vanity.

R 400.15401 Environmental health

(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 at the faucet.

Hot water temperature tested at 102 degrees Fahrenheit.

IV. RECOMMENDATION

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

01/30/24

Kara Robinson Licensing Consultant Date