



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 11, 2024

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

RE: Application #:	AS440415499 Millville Place 1063 Millville Road Lapeer, MI 48446
--------------------	---

Dear Kayonna Ferguson:

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 6 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) 643-7960.

Sincerely,

Martin Gonzales, 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 #:	AS440415499
Applicant Name:	Hope Network, S.E.
Applicant Address:	PO Box 190179 Burton, MI 48519
Applicant Telephone #:	(586) 206-8869
Administrator/Licensee Designee:	William Page / Kayonna Ferguson
Name of Facility:	Millville Place
Facility Address:	1063 Millville Road Lapeer, MI 48446
Facility Telephone #:	(810) 600-2717
Application Date:	01/23/2023
Capacity:	6
Program Type:	MENTALLY ILL
Special Certification:	MENTALL ILLNESS DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/23/2023	Enrollment
01/23/2023	Application Incomplete Letter Sent
01/27/2023	Contact - Document Received BCAL-569
02/21/2023	Comment spoke with licensee about fee needed to process
04/20/2023	Comment request for fingerprints sent
04/20/2023	Inspection Report Requested - Health
04/26/2023	Contact - Document Sent App Inc ltr w/RI-030
05/17/2023	PSOR on Address Completed
06/05/2023	Application Incomplete Letter Sent
06/09/2023	Contact - Document Received Application documents received from Kayonna Ferguson
09/17/2023	Application Incomplete Letter Sent 2nd app incomplete letter sent
10/04/2023	Inspection Completed On-site
10/04/2023	Inspection Completed-BCAL Sub. Compliance
10/10/2023	Application Incomplete Letter Sent
10/11/2023	SC-Application Received - Original
09/04/2024	Inspection Completed – Env. Health : A
09/16/2024	Inspection Completed-BCAL Full Compliance
09/16/2024	LSR Generated

10/10/2024	Recommend License Issuance
------------	----------------------------

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hope Network, S.E. is a 2 story, 3 bedroom, 2 ½ bathroom home with an attached garage located at 1063 Millville Road, Lapeer, MI, 48446. The home is located in the Township of Oregon and within close proximity to many restaurants and other shopping establishments. The home is owed by Hope Network, S.E. and was purchased on 10/20/2022. Hope Network, S.E., granted permission for an onsite inspection on 06/07/2023. The 1st floor of the home consists of 2 resident bedrooms, 1 full bathroom, ½ bathroom, full kitchen, 2 dining rooms, 2 living rooms, seasonal room, utility room and a laundry room. The 2nd floor of the home consists of 1 resident bedroom, 1 full bathroom and 1 staff office. The home has an attached 2 car garage.

The furnace and water heater are located on the 1st floor in the utility room with at least a 1 ¾ inch solid core door with an automatic self-closing devise. Veteran's Mechanical worker William Lincoln completed and approved his inspection of the gas furnace and water heater on 04/09/2024. The washer and dryer are located on the 1st floor in the laundry room.

The home has four (4) separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width. The bedrooms have the proper means of egress as required by R 400.14508.

The home has private water and private sewer system. The Lapeer County Health Department completed an Environmental Health Inspection Report on 09/04/2024. The home has hardwired smoke detectors that are interconnected together. The smoke detectors also include a carbon monoxide detector combination. The home has fire extinguishers, which meets the requirements of R 400.14506.

Veteran's Mechanical worker William Lincoln completed and approved his inspection on 02/19/2023. The electrical work was done in accordance of the National Electric Code. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

There are 2 resident bedrooms on the main floor of the home and 1 resident bedroom located on the second floor of the home. The resident bedrooms were measured during the on-site inspection and have the following dimensions.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom # 1 1 st floor	14'7" x 10'10"	157.99 sq. ft.	2
Bedroom # 2 1 st floor	14'7" x 12'10"	187.15 sq. ft.	2
Bedroom # 3 2 nd floor	17'6" x 11'0"	192.50 sq. ft.	2

The living room and dining room measured at 1060.44 square feet of living space. The 2nd living room measured at 318.01 square feet of living space. The kitchen measured a total of 132.50 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is not wheelchair accessible.

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 **Six (6)** male or female ambulatory adults, aged 18 and older whose diagnosis of severe and chronic mental illness, and/or intellectual/developmental disabilities in achieving recovery and maintaining their optimal level of functioning in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: word of mouth, Nursing home, hospitals, and A & D Waiver.

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 assist residents with connecting with outside agencies for transportation for program and medical needs. The resident and/or family members are responsible for any related charges for transportation services. The facility will make

provision for a variety of leisure and recreational equipment. The residents may attend outside activities, such as church services, senior center activities, luncheons, fairs, bingo, exercise classes, family functions and other activities, at their own discretion or with DPOA approval. Activities in the home, such as card games, board games, tv, music, baking, enjoying the porches, pond and flowers is entirely left to the residents' choice. These activities will be offered to all the residents and participation is encouraged. A variety of activities will be offered to allow participation of all the residents regardless of their cognitive function.

C. Applicant and Administrator Qualifications

The applicant is Hope Network, S.E., which is a "Domestic Nonprofit Corporation", was established in Michigan, on 03/15/1995. 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.

Hope Network, S.E., submitted paperwork naming Kayonna Ferguson as the Licensee Designee and William Paige as the administrator. A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-test negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 3-6).



10/10/2024

Martin Gonzales Licensing Consultant	Date
---	------

Approved By:



10/11/2024

Mary E Holton Area Manager	Date
-------------------------------	------