



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 26, 2024

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

RE: Application #:	AS440415208 Garden Cove 3578 Garden Drive Lapeer, MI 48446
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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,

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS440415208
<b>Applicant Name:</b>	Hope Network, S.E.
<b>Applicant Address:</b>	PO Box 190179 Burton, MI 48519
<b>Applicant Telephone #:</b>	(586) 206-8869
<b>Administrator/Licensee Designee:</b>	Melanie Love, Administrator Kayonna Ferguson, Licensee Designee
<b>Name of Facility:</b>	Garden Cove
<b>Facility Address:</b>	3578 Garden Drive Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 600-2717
<b>Application Date:</b>	02/27/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

02/27/2023	Enrollment
02/27/2023	Application Incomplete Letter Sent app inc ltr requesting fee
04/12/2023	Inspection Report Requested - Health
04/19/2023	Comment request sent to add fingerprints
04/20/2023	Comment No current fingerprints were located
04/26/2023	Contact - Document Sent app inc ltr sent w/1326a and RI-030
05/02/2023	PSOR on Address Completed
05/09/2023	Application Incomplete Letter Sent Via email
05/23/2023	SC-Application Received - Original
06/01/2023	Application Complete/On-site Needed
07/20/2023	Inspection Completed On-site
07/20/2023	Inspection Completed-BCAL Sub. Compliance
08/21/2023	Contact - Document Received Corrective action plan received regarding 07/20/23 violations
09/04/2024	Inspection Completed-Env. Health : A
10/03/2024	Inspection Completed On-site Virtual
10/03/2024	Inspection Completed-BCAL Full Compliance
10/03/2024	Contact - Document Received Final documents received
10/04/2024	PSOR on Address Completed
11/26/2024	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Garden Cove Adult Foster Care facility is located at 3578 Garden Drive, Lapeer, Michigan in the Township of Lapeer. It is a ranch style, vinyl sided, and brick home built in 1966 in a well-developed subdivision. There are 4 resident bedrooms, 2 full bathrooms, a large living room (#1), a second living room (#2), a kitchen, and a staff office. One of the full bathrooms has a walk-in shower while the other full bathroom has a double sink and a shower/tub enclosure. Both bathrooms are equipped with safety shower bars and an exhaust fan. The kitchen allows seating for 6 residents. There is an attached 2-car garage on the side of the home, and a private, paved 3-car-width-driveway at the back of the facility. The east side of the home is enclosed with a wood privacy fence, and there is a large deck off the north side of the home that is enclosed with a vinyl fence.

There are two, unobstructed means of egress for resident use. The first egress door is located at the front of the facility and exits to the front yard and the second egress door is located at the rear of the facility and exits to the backyard. The second living room (#2) has a sliding glass door that leads to the backyard, but it is not considered an emergency exit. This home is not wheelchair accessible. The facility has a private sewer and private well. The water and well were inspected by the Lapeer County Health Department on 09/05/24 and were given an "A" rating.

The facility has a new central air conditioner and a washer and dryer with a solid metal vent which is vented through the garage, and then directly to the outside of the facility. The furnace and hot water heater are located across from the washer and dryer and are equipped with an automatic self-closing device with positive latching hardware. The fire door is constructed of 1 ¾ inch solid steel core in a fully stopped frame which provides a 90-minute fire resistance rating. The furnace and hot water heater were inspected by Veteran's Mechanical on April 9, 2024, and were deemed to be in safe operating condition. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The smoke detection system was inspected by Fire Pros Fire Protection Service on February 1, 2023, and was deemed in safe operating condition. There is a fireplace in the living room that has been disabled and blocked by plexiglass to ensure that it is not used.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'8" x 7'8"	97 sq. ft.	1
2	11'5" x 10'5"	119 sq. ft.	1
3	12'4" x 11'6"	142 sq. ft.	2
4	13' x 11'6"	150 sq. ft.	2

Both living rooms and the dining area measure a total of 562 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 **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled and/or mentally ill, 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. The applicant intends to accept residents from county community mental health agencies 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 public schools and libraries, local museums, shopping centers, and local parks.

## **C. Applicant and Administrator Qualifications**

The applicant is Hope Network, S.E. which is a Non-Profit Corporation established in Michigan on 03/15/95. 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 Board of Directors of Hope Network, S.E. have submitted documentation appointing Kayonna Ferguson as Licensee Designee for this facility and Melanie Love as the Administrator of the facility.

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-tine 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 2-staff-to-6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase 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, 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 to document the date and amount of the adult foster care service fee paid each month and all the residents' 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**

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.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 6.

*Susan Hutchinson*

November 26, 2024

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

November 26, 2024

Mary E. Holton Area Manager	Date
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