

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 5, 2025

Marlene Burgess Hope Network, S.E. PO Box 190179 Burton, MI 48519

| RE: License #: | AS440415208 |
|----------------|-------------------|
| | Garden Cove |
| | 3578 Garden Drive |
| | Lapeer, MI 48446 |

Dear Marlene Burgess:

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 and special certification 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 (517) 284-9730.

Sincerely,

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems

Dusan Hutchinson

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909

(989) 293-5222

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

I. IDENTIFYING INFORMATION

| License #: | AS440415208 |
|-----------------------------|---------------------------------------|
| | |
| Licensee Name: | Hope Network, S.E. |
| | |
| Licensee Address: | PO Box 190179 |
| | Burton, MI 48519 |
| | (500) 000 0000 |
| Licensee Telephone #: | (586) 206-8869 |
| Licensee/Licensee Designee: | Marlene Burgess |
| | manene Bargess |
| Administrator: | Melanie Curry |
| | · |
| Name of Facility: | Garden Cove |
| | |
| Facility Address: | 3578 Garden Drive |
| | Lapeer, MI 48446 |
| Facility Telephone #: | (810) 600-2717 |
| racinty relephone #. | (010) 000-2111 |
| Original Issuance Date: | 11/26/2024 |
| | |
| Capacity: | 6 |
| | |
| Program Type: | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |
| O. C. L. D | DEVELOPMENTALLY DIGABLED |
| Certified Programs: | DEVELOPMENTALLY DISABLED MENTALLY ILL |
| | IVICIVIALLYILL |

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 02/27/2 | 2025 | | |
|------|--|----------|----------------------------|--|--|
| Date | e of Bureau of Fire Services Inspection if appl | icable: | N/A | | |
| Date | e of Health Authority Inspection if applicable: | | 09/04/2024 | | |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A | | 1 | | |
| • | Medication pass / simulated pass observed? | Yes 🗵 | 〗No □ If no, explain. | | |
| • | Medication(s) and medication record(s) revie | wed? \ | ∕es ⊠ No □ If no, explain. | | |
| • | Yes ☒ No ☐ If no, explain. • Meal preparation / service observed? Yes ☐ No ☒ If no, explain. My inspection did not take place during a mealtime. | | | | |
| • | Fire safety equipment and practices observe | d? 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 i | no, expl | ain. | | |
| • | Corrective action plan compliance verified? N/A Number of excluded employees followed-up? | | CAP date/s and rule/s: | | |
| • | Variances? Yes ☐ (please explain) No ☐ | N/A 🔀 | 1 | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| This facility was found to be in non-compliance with the following rules: | | |
|---|---|--|
| R 400.14401 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 to 120 degrees Fahrenheit at the faucet. | |

At the time of my inspection, I noted that the hot water temperature at the kitchen faucet was 161 degrees Fahrenheit. All hot water shall be kept at a safe temperature between 105 – 120 degrees Fahrenheit.

IV. RECOMMENDATION

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

Dusan Hutchinson March 5, 2025

| Susan Hutchinson | Date |
|----------------------|------|
| Licensing Consultant | |