



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 21, 2025

Yolanda Yarbrough
692 Lavette Ave
Benton Harbor, MI 49022

RE: Application #: AS110419144
Haven of Hope
377 Parker
Benton Harbor, MI 49022

Dear Ms. Yarbrough:

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 4 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS110419144
Applicant Name:	Yolanda Yarbrough
Applicant Address:	692 Lavette Ave Benton Harbor, MI 49022
Applicant Telephone #:	(269) 830-9797
Administrator:	Yolanda Yarbrough
Name of Facility:	Haven of Hope
Facility Address:	377 Parker Benton Harbor, MI 49022
Facility Telephone #:	(269) 861-0041 01/16/2025
Application Date:	
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/16/2025	Enrollment
01/16/2025	PSOR on Address Completed
01/16/2025	Application Incomplete Letter Sent 1326/RI030
01/16/2025	Contact - Document Sent Forms sent
02/05/2025	Contact - Document Received 1326/RI030 1326/RI030
02/07/2025	File Transferred to Field Office
02/19/2025	Application Incomplete Letter Sent
03/11/2025	Contact - Telephone call received from Ms. Yarbrough requesting consultation and technical assistance. Consultation and technical assistance was provided.
03/26/2025	Contact - Telephone call received from Ms. Yarbrough requesting consultation and technical assistance regarding required documentation and trainings.
03/27/2025	Contact - Telephone call made to Ms. Yarbrough to provide the requested consultation and technical assistance.
04/02/2025	Contact - Telephone call made to Ms. Yarbrough to provide consultation and technical assistance regarding training and physical plant requirements. An email was sent to Ms. Yarbrough with specific licensing rule requirements regarding physical plant related issues and hyperlinks to Licensee and Applicant trainings.
04/10/2025	Comment Ms. Yarbrough emailed with an update and requested consultation and technical assistance regarding her enrollment. Consultation and technical assistance was provided in a subsequent email.

05/29/2025	Comment
	Ms. Yarbrough emailed me her enrollment documentation.
06/20/2025	Contact - Document Received
	Ms. Yarbrough called and asked if I received her enrollment documentation. I informed her I did receive the documentation and requested an additional document. I indicated I would schedule an original onsite inspection soon.
06/23/2025	Comment
	I scheduled an onsite original inspection for 7/7/25 at 1:00 p.m.
06/23/2025	Application Complete/On-site Needed
06/30/2025	Contact - Telephone call received from Ms. Yarbrough to discuss her enrollment.
07/03/2025	Contact - Telephone call made to Ms. Yarbrough to discuss enrollment documentation.
07/07/2025	Inspection Completed On-site
07/17/2025	Contact - Document Received
	Ms. Yarbrough was texted requesting supporting photos showing compliance with licensing rules and regulations.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Haven of Hope is a newly remodeled three-bedroom, one-bath, bungalow tucked into a Saint Joseph Township Neighborhood. The facility has a green vinyl exterior and new white vinyl sliding windows. The facility has a deck in front and a large backyard with a small deck where residents can enjoy the outdoors. The facility has accessible paved parking located conveniently in the front allowing families and visitors to come and go with ease.

The inside of the facility has a comfortable, clean, homey feel with vinyl plank flooring throughout. The home is not wheelchair accessible as the applicant does not plan to admit residents with impaired physical mobility.

The facility is ideally situated within walking distance of a nearby park and river, offering residents the opportunity to enjoy nature, fresh air, and even a bit of fishing perfect for relaxation and recreation.

The owner of the home is Tasha Armstrong. Ms. Armstrong purchased the home on 10/28/24. Ms. Armstrong provided documentation for Adult Foster Care (AFC) Licensing to inspect this property as needed and acknowledged that an AFC facility will be operated from this location.

The home utilizes public water, and sewage so does not require annual environmental health inspections. The facility is equipped with an interconnected, hardwired combination smoke and carbon monoxide detection system with battery backup which was installed and inspected by a licensed technician that meets fire safety requirements. There are a total of three smoke detectors. One is in the hallway outside of the sleeping areas, the second by the kitchen near the back door, and the third is in the basement near the heat-producing equipment. The facility has a fire extinguisher on each floor and direct care staff members (DCSMs) are aware of their location and trained in how to properly use them.

I reviewed the facility fire, tornado, and medical emergency plans to ensure all fire safety and licensing rules were followed. I ensured residents could easily open windows in their bedrooms if necessary.

The furnace and hot water heater are in the basement. The facility has a door at the top of the stairs separating the basement from the main floor that is made of 1 ¾ inch solid core wood and is equipped with an automatic self-closing device and positive latching hardware.

The furnace was serviced and inspected on 3/13/25. The HVAC technician reported on the service order that the furnace operated safely and properly. Residents will not have access to the basement.

The laundry room is conveniently located next to the kitchen on the main floor of the facility. The laundry room is equipped with a washer and dryer that has a solid metal vent which is vented directly to the outside.

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' x 11'	132 sq. ft.	2
2	9' x 9'	81 sq. ft.	1
3	9'3" x 11'7"	109 sq. ft.	1
Living / Dining Area	25.1 x 13.2	331.32	

Given the sizes of the bedrooms and one to two residents per room, the facility's bedroom space meets the required 80 square feet allowed of usable floor space for a single occupancy and 65 square feet of usable floor space per bed for a multioccupancy resident bedroom.

The indoor living and dining area measures a total of 331.32 square feet of living space. This exceeds the minimum of 35 square feet of indoor living space per occupant, exclusive of the bathroom, storage area, hallways, kitchen, and sleeping areas. Based on the above information, this facility can accommodate four residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to four (4) male or female ambulatory adults whose diagnoses are developmentally disabled, mentally ill, and/or aged in the least restrictive environment possible.

The mission of Haven of Hope is to provide a safe, supportive, and caring environment for adults in need of assisted living and behavioral health support. They are committed to promoting independence, dignity, and quality of life through compassionate care, structured routines, and personalized support.

The goal of Haven of Hope is to help residents lead fulfilling lives while ensuring their physical, emotional, and mental well-being.

Haven of Hope provides assisted living and behavioral health support for adults requiring medication management, chronic condition care, and a structured living environment. Trained direct care staff members will provide personized support to help residents maintain their health and independence while receiving the care they need.

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

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 / designated representative, and the responsible agency.

The licensee will provide transportation for medical, mental health, and program needs. The facility will make provision for a variety of leisure and recreational activities. 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 Yolanda Yarbrough. No limited liability company (LLC) has been established. The applicant submitted her annual credit report and proposed annual budget statement projecting expenses and income to demonstrate the financial capability to operate this adult foster care (AFC) small group home.

The applicant appointed herself to be the administrator for this facility. Ms. Yarbrough has sufficient credentials, experience, and required training to work in this capacity as she is a certified nursing assistant for long-term care and has decades of experience providing direct care to individuals in the desired program types. Ms. Yarbrough possesses the credentials to meet the requirements of the administrator. A current licensing record clearance, medical clearance, and tuberculosis (TB) test are on file for Ms. Yarbrough.

The applicant has sufficient experience with required AFC licensing records and documentation.

The applicant provided a current Adult First Aid/CPR/AED Certificate of Completion.

The applicant has sufficient experience caring for individuals who suffer from developmental disabilities, mental illness, and the aged. The applicant understands the specific behavioral, physical, and emotional needs of these populations.

The personnel policies, job descriptions, admission/discharge policy, financial projections, staff files, paperwork required for resident files, emergency plans, staff training modules and program description were reviewed and met licensing requirements.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of one DCSM per four residents on each shift. The applicant acknowledged that the DCSM to resident ratio may need to be decreased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that DCSMs will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for DCSMs 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those DCSMs that have received

medication training and have been determined competent by the licensee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet or medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each DCSM or volunteer working directly with residents. In addition, the applicant acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with impaired physical mobility requiring a wheelchair to ambulate will not be admitted because the facility is not handicapped accessible.

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 the issuance of a temporary license to this AFC adult small group home (capacity 1-4).

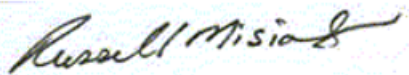


7/21/25

Rodney Gill
Licensing Consultant

Date

Approved By:



7/22/25

Russell B. Misiak
Area Manager

Date