



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

November 28, 2007

Tracey Hamlet  
Hope Network West Michigan  
PO Box 0141  
Grand Rapids, MI 49501

RE: Application #: AM410275526  
36th Street Home  
4345 36th Street SE  
Grand Rapids, MI 49512-2963

Dear Ms. Hamlet:

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 7 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100 or Traverse City office at (231) 922-5309.

Sincerely,

Arlene Smith, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0116

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AM410275526

**Applicant Name:** Hope Network West Michigan

**Applicant Address:** 781 36th Street SE  
Grand Rapids, MI 49508

**Applicant Telephone #:** (616) 248-5900

**Administrator/Licensee Designee:** Tracey Hamlet, Designee

**Name of Facility:** 36th Street Home

**Facility Address:** 4345 36th Street SE  
Grand Rapids, MI 49512-2963

**Facility Telephone #:** (616) 942-6933

**Application Date:** 05/03/2005

**Capacity:** 7

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

05/03/2005	Enrollment
05/10/2005	Inspection Report Requested - Health
05/10/2005	Inspection Report Requested - Fire
05/10/2005	Lic. Unit file referred for criminal history review Red Screen - AS410011615
05/17/2005	File Transferred To Field Office Grand Rapids (J.Failla)
05/19/2005	Contact - Document Received application received from Lansing this date.
05/24/2005	Inspection Completed-Env. Health : A
06/15/2005	Application Incomplete Letter Sent
10/11/2006	Inspection Completed On site
10/26/2006	Inspection Report Requested - Fire All fire safety information sent out (letters & string)
09/25/2007	Inspection Report Requested - Health The first environmental was completed on 05/24/2005. It has been 28 months since the first inspection. Therefore a new environmental inspection is requested.
10/04/2007	Inspection Completed-Fire Safety: A
10/17/2007	Inspection Completed-Env. Health : A
11/08/2007	Application Complete/On-site Needed
11/08/2007	Inspection Completed On-site
11/08/2007	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is located in Kentwood and it is a wood framed structure in a residential/commercial neighborhood. The home is accessible to the public bus line and close to shopping facilities. The main floor consist of a recreation room, two staff office rooms,

laundry area, kitchen, dining room, living room, two bathrooms, three resident bedrooms with two beds and one resident bedroom with one bed.

The furnace and hot water heater are located in the basement with a self-closing, 1-3/4 inch, solid door, located at the top of the stairs. The home is equipped with a hardwire interconnected smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The fire suppression system for the home includes a sprinkler system throughout the home. The basement was not approved for resident use.

Based on the above information, it is concluded that this facility can accommodate seven residents. It is the responsibility of the licensee to not exceed the licensed resident capacity.

This home was previously licensed as a small (six bed) group adult foster care group home called 36<sup>th</sup> St Home, License number AS410011643. The Licensee, Hope Network West Michigan, opened the original home on 01/30/1991. The licensee recently choose to increase the capacity to a medium group home with seven (7) beds. 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	13' 2" x 12' 1"	159 square feet	(2) two
Bedroom 2	13' 2" x 12' 4"	163.39 square feet	(2) two
Bedroom 3	12' 3" x 13' 0"	159.25 square feet	(2) two
Bedroom 4	14' 1" x 11' 1"	156 square feet	(1) one

The living, dining, and sitting room areas measure a total of 740.765 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate seven (7) 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 seven (7) male or female ambulatory adults whose diagnosis is developmentally disabled, 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 network 180. The facility is handicap accessible so individuals who are non-ambulatory will be considered. The 36<sup>th</sup> Street Home's program is a contracted arrangement between Kent County

Community Mental Health Services Board Resident (network 180), and Hope Network West Michigan within the DD (Developmentally Disabled) Residential Services Department. Referrals will come from the Access Center in coordination with the Kent County Interagency Clinical Team (ICT). All residents will have a case manager.

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.

The agency has applied for Certifications for a specialized program for providing care for Persons with Developmental Disabilities.

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

The applicant is, Hope Network West Michigan, Inc, which is a “Domestic Non-Profit Corporation” which was established in Michigan, on 12/23/1996. 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 West Michigan, L.L.C. has submitted documentation appointing Tracey Hamlet as Licensee Designee and the Administrator for this 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 seven (7)-bed facility is adequate and includes a minimum of (1) one staff –to- (7) seven 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](http://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**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).

*Arlene B. Smith*

11/27/2007

Arlene Smith  
Licensing Consultant

Date

Approved By:



11/27/2007

Christopher J. Hibbler  
Area Manager

Date