



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 4, 2008

Marcy Bos
Hope Network Rehabilitation Services
1490 E Beltline SE
Grand Rapids, MI 49506

RE: Application #: AS390295914
HNRS - Southwood House
925 Parker Ave.
Kalamazoo, MI 49008

Dear Ms. Bos:

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 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 (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5028

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS390295914

Applicant Name: Hope Network Rehabilitation Services

Applicant Address: 1490 E Beltline SE
Grand Rapids, MI 49506

Applicant Telephone #: (616) 940-0040

Administrator/Licensee Designee: Marcy Bos, Designee

Name of Facility: HNRS - Southwood House

Facility Address: 925 Parker Ave.
Kalamazoo, MI 49008

Facility Telephone #: (269) 492-7842
05/01/2008

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/01/2008	Enrollment
05/05/2008	File Transferred To Field Office Kalamazoo
05/08/2008	Application Incomplete Letter Sent
07/30/2008	Inspection Completed On-site
08/01/2008	Contact - Document Received final policies
08/01/2008	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch style home with a full basement located in a residential neighborhood. The basement contains only the heat plant and storage, and residents are not expected to be in the basement. The applicant has not identified the facility as wheelchair accessible on the application. However, exits are at ground level, hallways are wide, the floor plan is open, and one bathroom has a wheelchair accessible shower.

With three living rooms, this facility has well in excess of the 35 square feet of living space per occupant required by licensing administrative rule 400.14405(1).

This facility has six bedrooms located on one hallway, each with single occupancy, although the bedrooms do have sufficient square footage to accommodate two occupants apiece. Two full resident bathrooms are available in the same hallway, one with a handicap accessible shower.

This facility is on public water supply and sewage disposal system.

This home has a smoke detection and sprinkler system which exceeds the rule requirement for a six bed home. The fire suppression system and the furnace were inspected in June 2008, and the City of Kalamazoo has also issued a certificate of completion stating that plumbing, mechanical and technical code inspections have been done, approved, and meet compliance.

B. Program Description

The application identifies populations of mentally ill, physically handicapped, and traumatic brain injured. According to the license designee/administrator, the primary population will be traumatic brain injured individuals funded through private automobile insurance. Residents will be in state and out of state residents. The facility will be coed.

Smoking is allowed in designated outside areas. Residents will be expected and encouraged to attend structured activities outside of the home 20 hours per week.

Hope Network Rehabilitation Services is a non-profit corporation established in Michigan in 1983. The license designee reports to the executive director. The facility has a residential supervisor who will supervise the direct care staff.

Marcy Bos, license designee/administrator, has submitted documentation of her qualifications, including medical and good moral character. The corporation has provided financial documentation and budget information to establish financial capability.

The program statement identifies a staff to client ratio of 1:3. The submitted proposed staff schedule identifies 1 staff person during hours of sleep, 2 staff during afternoon hours and weekend days, and one staff during week daytime hours. The license designee explained that residents are expected to be out of the home at programming during week day time hours. If residents are at home, 2 staff will be scheduled.

The applicant has submitted personnel, admission, program, and discharge policies for review. The applicant does not have a refund policy because billing will be done one month retroactively and only for the days actually in residence. The applicant has submitted training criteria for employees, who are currently undergoing training prior to the actual opening of the home.

The applicant was provided technical assistance on the statutory requirements pertaining to the hiring or contracting of persons who provide direct services to residents.

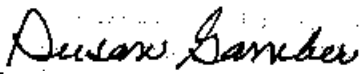
Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

C. Rule/Statutory Violations

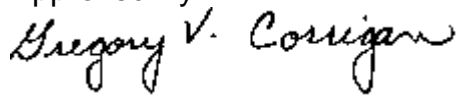
The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules. Quality of care rules will be evaluated once residents are in care.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).


Susan Gamber
Licensing Consultant

August 1, 2008
Date

Approved By:

Gregory V. Corrigan
Area Manager

August 4, 2008
Date