



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 24, 2020

Hope Network Behavioral Services Robert Brown Crisis (SA0700128)
Myranda Green, Program Director
160 Manley Street
Holland, MI 49424

SUBJECT: Pre-Licensure Survey for Hope Network Behavioral Services Robert Brown Crisis (SA0700128)

Dear Ms. Green:

A state pre-license survey was conducted on February 05, 2020 at Hope Network Behavioral Services Robert Brown Crisis Center, located at 160 Manley Street, Holland, MI 49424.

Participants included:

- Myranda Green, Program Director
- Kendall Basore, Licensed Master Social Worker
- Leslie Wilson, Assistant Shift Manger
- Kelly Moore, Regulatory Officer, LARA, State Licensing Section

The survey identified non-compliance with the following requirements:

R 325.1387 (5) Residential detoxification; requirements

(5) A physician, physician's assistant, or advanced practice registered nurse shall review and assess each recipient every 72 hours after admission.

During the pre-licensure survey, the applicant failed to demonstrate that a physician, physician's assistant, or advanced practice registered nurse would conduct and complete the review and assessment of recipients every 72 hours after admission.

On 02/03/2020, Hope Network Behavioral Services Bay Haven Crisis provided a response that states " throughout the course of a person's treatment, the nurse will initiate a medical review, the '72 hour review', with the Provider who is covering the program on the date the 72 hours is up". The applicant also provided the program's definition of a nurse to be a "registered nurse or licensed practical nurse". R 325.1387 (5) requires that these responsibilities be completed by a physician, physician's assistant, or advanced practice registered nurse. The applicant remains in non-compliance with R 325.1387 (5)

R 325.1373 (3) Physical plant, supplies, equipment, and furnishings

(3) For programs where recipients reside, an applicant or licensee shall maintain space that is properly identified and, where necessary, separated based upon license type, use, service categories, and other factors where distinct and separate space is necessary.

During the pre-licensure survey, the applicant failed to demonstrate the maintaining of space that is properly identified and separated based upon license type where necessary.

On 02/04/2020, the applicant submitted a response that indicated the maintaining of space that is properly identified and separated was not necessary. The applicant has failed to demonstrate the requirements for maintaining space that is identified and separate based on license type. The applicant remains in non-compliance with R 325.1373 (3).

R 325.1387 (9) Residential detoxification; requirements

(9) Prior to treatment, a licensee shall provide a recipient, or a person acting on the individual's behalf, all available medical treatment options and FDA approved medications related to the recipient's assessment, including all FDA approved forms of MAT, as well as the risks and benefits of each treatment option. The recipient record must contain a written document that the recipient has been informed of the risks and benefits of all treatment options, and the option selected by the recipient.

During the pre-licensure survey, the applicant's Informed Consent for Medication did not provide a recipient with all available medical treatment options and FDA approved medications including all FDA approved forms of MAT, as well as informing the recipient of the risks and benefits to each treatment options.

On 02/03/2020, the applicant submitted an updated Informed Consent for Medication. The updated Informed Consent, however, still does not inform the recipient of the risk and benefits of each treatment option and FDA approved forms of MAT. The applicant remains in non-compliance with R 325.1387 (9).

R 325.1339 Emergency preparedness plan.

Rule 1339. An applicant or licensee shall have an all-hazard emergency preparedness plan to meet the health and safety needs of its recipient population and personnel. The emergency preparedness plan shall provide guidance on how to respond to emergency situations that could impact the operation of the program, such as natural, man-made disasters or other emergent situations. The emergency preparedness plan shall include all of the following components:

- (1) A risk assessment.
- (2) A written emergency response plan.
- (3) Written policies and procedures that support the successful execution of the emergency response plan.
- (4) A written communication plan.
- (5) A written training and testing plan.

During the pre-licensure survey, it was observed that the applicant did have an emergency preparedness plan, however, many of the forms had vital information uncompleted and/or blank.

As of 2/10/2020, the applicant has not submitted any updates to their emergency preparedness plan. Hope Network Behavioral Services Bay Haven Crisis remains in non-compliance with R 325.1339.

R 325.1387 (8) Residential detoxification; requirements

At the time of admission and prior to any medications being prescribed or services offered, the medical director, a physician, physician's assistant, or advanced practice registered nurse shall complete and document the medical and drug history, as well as a physical examination, of the recipient. In addition, any modification to medications or course of treatment must be documented in recipient record and ordered by a physician, physician's assistant, or advanced practice registered nurse.

During the pre-licensure survey, the applicant's withdrawal management procedure was reviewed including their procedure outlining the steps that are taken during admission and which staff performs those procedures. The procedure was unclear outlining which medical professionals were taking certain steps in the admission process, including which staff is completing and documenting the patient medical history, drug history, and physical examination.

On 02/03/2020, the applicant submitted an updated version of the program's withdrawal management procedure that outlines the admission process for obtaining medical history, drug history, and physical examination. The updated version of the program's withdrawal management procedure states that these acts are to be completed by either a registered nurse or licensed practical nurse.

R 325.1387 (8) requires that the medical and drug history, as well as the physical examination, be completed at the time of admission or prior to any medications being prescribed or services offered, by the medical director, a physician, physician's assistance, or advanced practice registered nurse. The applicant has failed to demonstrate the medical history, drug history, and physical examination will be performed by the medical director, a physician, physician's assistance, or advanced practice registered nurse. The applicant remains in non-compliance with R 325.1387 (8).

Based upon the state pre-licensure survey inspection findings, Hope Network Behavioral Pivot Crisis is in substantial non-compliance with MCL 333.6201 through MCL 333.6251 and/or the Michigan Administrative Rules R325.1301 through R325.1399 for Substance Use Disorder facilities, as applicable. A license will not be issued by the department until the applicant has met all the requirements of MCL 333.6201 through MCL 333.6251 and/or the Michigan Administrative Rules R325.1301 through R325.1399 for Substance Use Disorder facilities, as applicable. The applicant has fourteen days to provide the department with evidence that all non-compliance has been corrected.

Kelly Moore

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