



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 14, 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

Prior to the February 5, 2020 on-site pre-licensure survey, a review of the applicant's policies and procedures was performed. Both during the state pre-licensure survey and document review, the department identified numerous non-compliance with the state administrative rules. The department required the applicant to provide a written plan of correction. Between February 3, 2020 and March 9, 2020, the department received the applicant's written plan of corrections and non-compliance issues have been addressed as follows:

**R 325.1387 (5) Residential detoxification; requirements**

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 February 3, 2020, Hope Network Behavioral Services 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 was in non-compliance with R 325.1387 (5).

On March 9, 2020, the applicant provided a written plan of correction that indicates the program’s procedure has been updated to reflect concretely that the psychiatrist, physician’s assistant or advanced practice registered nurse will provided a face to face assessment of each person being serviced every 72 hours after admission. The applicant further indicates that an organization system will be put in place for the nursing team to track the 72-hour review. Actual compliance with state administrative rule R 325.1387 (5) will be verified during the state post-licensure survey.

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

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

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 was in non-compliance with R 325.1373 (3).

Per the review of the administrative rules, related laws, and an assessment by the Bureau Director, this is no longer considered a non-compliance issue. No further action is required.

### **R 325.1387 (9) Residential detoxification; requirements**

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 state 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 February 3, 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).

On March 9, 2020, the applicant corrected the non-compliance by providing the department with a new pamphlet that will be given to every person at the time of admission. Upon review of the newly submitted pamphlet, the department has determined that it meets all the requirements under state administrative rule R 325.1387 (9). The applicant is now compliant with R 325.1387 (9) and no further action is required.

**R 325.1339 Emergency preparedness plan.**

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 state 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 February 10, 2020, the applicant had not submitted any updates to their emergency preparedness plan. The applicant was in non-compliance with R 325.1339.

On March 9, 2020, the applicant corrected the non-compliance by submitting an updated emergency preparedness plan that meets the requirements with R 325.1339. The applicant is now in compliance with state administrative rule R 325.1339 and no further action is required.

**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.

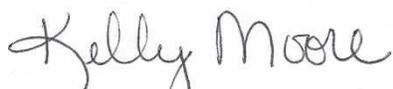
During the state pre-licensure survey, the applicant's withdrawal management procedure was reviewed including their procedure outlining the steps that are taken during admission and which staff performs those procedures. The procedure was unclear outlining which medical professionals were taking certain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

On February 3, 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 was in non-compliance with R 325.1387 (8).

On March 9, 2020, the program submitted a written plan of correction indicating that the program's physician, physician assistant, or advanced nurse practice registered nurse will complete a physical examination and obtain medical and drug history prior to any treatment being administered. Actual compliance will be verified during the state post-licensure survey.

Based upon the state pre-licensure survey inspection findings and the submitted plan of correction, Hope Network Behavioral Pivot Crisis is in 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 three-month temporary license will be issued by the department. An unannounced post-licensure survey will be conducted within the next three months to verify compliance with the administrative regulations.



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