



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 10, 2021

Jeffrey Hunter
720 Hancock
Saginaw, MI 48602

RE: License #: AF730281796
Hope AFC
720 Hancock
Saginaw, MI 48602

Dear Mr. Hunter:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

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

I. IDENTIFYING INFORMATION

License #:	AF730281796
Licensee Name:	Jeffrey Hunter
Licensee Address:	720 Hancock Saginaw, MI 48602
Licensee Telephone #:	(989) 928-2720
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Hope AFC
Facility Address:	720 Hancock Saginaw, MI 48602
Facility Telephone #:	(989) 790-3056
Original Issuance Date:	09/09/2008
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/10/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 6

No. of others interviewed 2 Role: Licensee & Responsible Person

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
It was not meal time at time of inspection.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
8/12/19 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.1430

Bathrooms.

(2) Bathroom doors may be equipped with positive latching, non-locking-against-egress hardware. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

At time of inspection, upstairs bathroom was not equipped with positive latching, non-locking-against-egress hardware.

R 400.1431

Bedrooms generally.

(3) Interior doorways of bedrooms occupied by residents shall be equipped with a side-hinged, permanently mounted door equipped with positive-latching, non-locking-against-egress hardware.

At time of inspection, resident bedrooms were not equipped with positive latching, non-locking-against-egress hardware.

A corrective action plan was requested and approved on 08/10/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



8/10/2021

Christina Garza
Licensing Consultant

Date

