



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 17, 2021

Robert and Laura Hopkins  
P O Box 728  
Ewart, MI 496310728

RE: License #: AM670015943  
**Hopkins 80th Ave AFC**  
**2366 80th Avenue**  
**Ewart, MI 49631**

Dear Robert and Laura Hopkins:

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 and special certification 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, reading 'Adam Robarge'.

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM670015943
<b>Licensee Name:</b>	Robert and Laura Hopkins
<b>Licensee Address:</b>	1375 Chaput Sears, MI 49679
<b>Licensee Telephone #:</b>	(231) 734-5936
<b>Licensee:</b>	Robert and Laura Hopkins
<b>Administrator:</b>	Laura Hopkins
<b>Name of Facility:</b>	Hopkins 80th Ave AFC
<b>Facility Address:</b>	2366 80th Avenue Ewart, MI 49631
<b>Facility Telephone #:</b>	(231) 734-6349
<b>Original Issuance Date:</b>	03/17/1995
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/16/2021

Date of Bureau of Fire Services Inspection if applicable: 10/8/2021

Date of Health Authority Inspection if applicable: 08/25/2021

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 7  
No. of others interviewed [redacted] Role: [redacted]

- 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.
- 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:  
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 400.14208      Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(f) Verification of reference checks.

One employee did not have verification of reference checks.

**R 400.14313      Resident nutrition.**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

Menus were not kept for a year.

**R 400.14315      Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

One resident's Funds and Valuables Part 1 was not signed by the resident's current guardian.

**R 400.14402      Food service.**

(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.

Some food items had not been dated when opened to prevent contamination and spoilage.

**R 400.14402**

**Food service.**

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

The refrigerator and freezer downstairs were not equipped with thermometers.

**R 400.14403**

**Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The front emergency exit had branches growing in the egress; the handrail was also unstable.

**R 400.14410**

**Bedroom furnishings.**

(1) The bedroom furnishings in each bedroom shall include all of the following:

(d) At least 1 chair.

Some resident bedrooms did not include a chair.

**R 400.14505**

**Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

(2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame- or heat-producing equipment.

The heat detector in the kitchen was in bad shape and beeping during the inspection. The pull station upstairs did not work.

A corrective action plan was requested and approved on 12/16/2021. 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 and special certification.

#### **IV. RECOMMENDATION**

I recommend issuance of a two-year regular adult foster care license.



12/17/2021

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Date

Licensing Consultant