



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 7, 2022

Raymond Hopson and Joy Hopson  
1734 Hickory Bark Lane  
Bloomfield, MI 48304

RE: License #: AF630342386  
**Hopson CTH**  
**1734 Hickory Bark Lane**  
**Bloomfield, MI 48304**

Dear Raymond Hopson and Joy Hopson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-514-9391  
Fax: 517-763-0204

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

**I. IDENTIFYING INFORMATION**

**License#:** AF630342386

**Licensee Name:** Raymond Hopson and Joy Hopson

**Licensee Address:** 1734 Hickory Bark Lane  
Bloomfield, MI 48304

**Licensee Telephone #:** (248) 358-1589

**Licensee:** Joy Hopson

**Administrator:** N/A

**Name of Facility:** Hopson CTH

**Facility Address:** 1734 Hickory Bark Lane  
Bloomfield, MI 48304

**Facility Telephone #:** (248) 514-4070

**Original Issuance Date:** 01/02/2014

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

**Certified Programs:** DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/06/2022

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 1  
No. of residents interviewed and/or observed 1  
No. of others interviewed 1 Role: Licensee

- 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. Inspection was completed outside of meal preparation hours.
- 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult family home (capacity 1-6).



7/7/2022

---

Stephanie Gonzalez  
Licensing Consultant

Date