



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 7, 2022

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

RE: License #: AS670012822  
**Hopkins Whispering Pines**  
**7401 65th Avenue**  
**Ewart, MI 49631**

Dear Robert and Laura Hopkins:

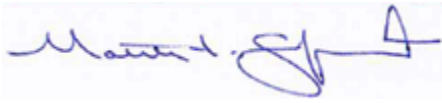
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 blue ink, appearing to read "Matthew Soderquist", with a stylized flourish at the end.

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
Ste 3  
931 S Otsego Ave  
Gaylord, MI 49735  
(989) 370-8320

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS670012822
<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>	Laura Hopkins
<b>Administrator:</b>	Laura Hopkins
<b>Name of Facility:</b>	Hopkins Whispering Pines
<b>Facility Address:</b>	7401 65th Avenue Ewart, MI 49631
<b>Facility Telephone #:</b>	(231) 734-3628
<b>Original Issuance Date:</b>	10/14/1985
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**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: 03/22/2022

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 3  
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: 3/31/21 R310(1) 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 400.14203 Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

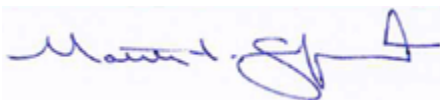
**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

**The licensee Laura Hopkins did not complete 16 hours of training annually for 2020 and 2021.**

On 07/07/2022 I conducted an exit conference with the licensee Laura Hopkins. Ms. Hopkins stated she had not completed 16 hours of training annually for 2020 and 2021. She stated she has already started her annual training for 2022 yesterday and will submit a corrective action plan for approval.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



7/7/2022

---

Matthew Soderquist  
Licensing Consultant

Date

