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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 26, 2022

Laura Hopkins Hopkins AFC Homes, Inc. PO Box 728 Evart. MI 49631

RE: License #: AS670263222

Hopkins #US10

12377 US Highway 10 Evart, MI 49631

#### Dear Ms 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.

A six-month 3<sup>rd</sup> provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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. B. Lower

Matthew Soderquist, Licensing Consultant Bureau of Community and Health Systems Ste 3 931 S Otsego Ave Gaylord, MI 49735 (989) 370-8320 www.michigan.gov/lara • 517-335-1980

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

#### I. IDENTIFYING INFORMATION

**License #:** AS670263222

**Licensee Name:** Hopkins AFC Homes, Inc.

Licensee Address: 1375 Chaput

Sears, MI 49679

**Licensee Telephone #:** (231) 734-5936

**Licensee/Licensee Designee:** Robert Hopkins, Administrator

Laura Hopkins, Designee

Administrator: Robert Hopkins

Name of Facility: Hopkins #US10

Facility Address: 12377 US Highway 10

Evart, MI 49631

**Facility Telephone #:** (231) 734-2607

Original Issuance Date: 12/02/2005

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

## **II. METHODS OF INSPECTION**

| Date | e of On-site Inspection(s):  | 09/23/2022                      |  |
|------|--|---------------------------------|--|
| Date | e of Bureau of Fire Services Inspection if applicable:   | N/A                             |  |
| Date | e of Health Authority Inspection if applicable:  | N/A                             |  |
| No.  | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:  | 1<br>0                          |  |
| •    | Medication pass / simulated pass observed? Yes $\square$   | No ⊠ If no, explain.            |  |
| •    | Medication(s) and medication record(s) reviewed? Ye  | es 🗌 No 🔀 If no, explain.       |  |
| •    | Resident funds and associated documents reviewed for at least one resident? Yes $\square$ No $\boxtimes$ If no, explain. Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain. |                                 |  |
| •    | Fire drills reviewed? Yes $\square$ No $\boxtimes$ If no, explain.   |                                 |  |
| •    | Fire safety equipment and practices observed? Yes [  | ☐ No ☑ If no, explain.          |  |
| •    | E-scores reviewed? (Special Certification Only) Yes [ If no, explain. Water temperatures checked? Yes ☐ No ☒ If no, explain.   |                                 |  |
| •    | Incident report follow-up? Yes ☐ No ☒ If no, expla   | in.                             |  |
| •    | Corrective action plan compliance verified? Yes ☐ C N/A ☒ Number of excluded employees followed-up?  | CAP date/s and rule/s:<br>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 400.14403 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 facility received significant storm damage on 9/7/2021 and was unhabitable. A 1<sup>st</sup> provisional license was issued for physical plant violations on 10/12/2021. A 2<sup>nd</sup> provisional license was issued on 4/7/2022. The home has had several renovations completed including new roofing, flooring, and windows. The home remains unhabitable and is currently without furniture. Several renovations are still needed including furniture and appliances, repair of back deck and yard cleanup.

I conducted an exit conference with the licensee designee Laura Hopkins on 9/23/2022. Ms. Hopkins agreed with the findings and submitted a corrective action plan accepting a six-month 3<sup>rd</sup> provisional license due to physical plant violations. Ms. Hopkins agreed that no residents will reside in the facility until approved by licensing.

A corrective action plan was requested and approved on 09/23/2022. 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; I recommend that the license be modified to a six-month 3<sup>rd</sup> provisional based on the above summarized physical plant violations.

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|----------------------|------|
| Matthew Soderquist   | Date |
| Licensing Consultant |      |