



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 9, 2021

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

RE: License #: AM670009378
Hopkins 110th Ave AFC
8675 110th 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:

- You are to submit a Statement of Correction.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "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

License #: AM670009378

Licensee Names: Robert and Laura Hopkins

Licensee Address: 1375 Chaput
Sears, MI 49679

Licensee Telephone #: (231) 734-5936

Licensees: Robert and Laura Hopkins

Administrator: Laura Hopkins

Name of Facility: Hopkins 110th Ave AFC

Facility Address: 8675 110th Avenue
Ewart, MI 49631

Facility Telephone #: (231) 734-3014

Original Issuance Date: 09/15/1992

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/09/2021

Date of Bureau of Fire Services Inspection if applicable: 12/11/2020

Date of Health Authority Inspection if applicable: 01/06/2021

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 2
No. of others interviewed 2 Role: Licensees

- 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 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

The assessment plan for Resident A did not include that Resident A smokes or that he needs to be supervised when smoking (due to blindness). The assessment was also not signed by Resident A who is his own 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.

There was expired milk in a resident refrigerator. There were also some expired food packages in the downstairs storage area.

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.

There were burn marks on the wooden deck near wooden siding where cigarette butts had burned through an upright ashtray.

R 400.14403

Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

Standing water was observed in a resident shower.

A corrective action plan was requested and approved on 04/09/2021. 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

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



4/9/2021

Adam Robarge
Licensing Consultant

Date