



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 12, 2024

Crystal Herzhaft-France  
Hope Network Behavioral Health Services  
PO Box 890  
3075 Orchard Vista Drive  
Grand Rapids, MI 49518-0890

RE: License #: AS410067880  
**Breton Valley**  
**2451 Breton Road, SE**  
**Grand Rapids, MI 49546-5627**

Dear Ms. Herzhaft-France:

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 are 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 "Anthony Mullins".

Anthony Mullins, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410067880

**Licensee Name:** Hope Network Behavioral Health Services

**Licensee Address:** PO Box 890  
3075 Orchard Vista Drive  
Grand Rapids, MI 49518-0890

**Licensee Telephone #:** (616) 430-7952

**Licensee/Licensee Designee:** Crystal Herzhaft-France

**Administrator:**

**Name of Facility:** Breton Valley

**Facility Address:** 2451 Breton Road, SE  
Grand Rapids, MI 49546-5627

**Facility Telephone #:** (616) 949-3813

**Original Issuance Date:** 09/28/1995

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/12/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Designee

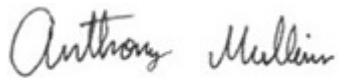
- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No medications scheduled to be passed during the inspection.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If 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.  
N/A
- 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**

The facility is in compliance with all applicable rules and statutes.

#### IV. RECOMMENDATION

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



03/12/2024

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Anthony Mullins  
Licensing Consultant

Date