



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 10, 2025

Constance Johnson
Hope, Love and Grace, LLC
785 Pipestone
Benton Harbor, MI 49022

RE: License #: AS110417853
Hope Love & Grace #3
797 Pipestone
Benton Harbor, MI 49022

Dear Constance Johnson:

A six-month 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. If 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 "Rodney Gill".

Rodney Gill, 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 #:	AS110417853
Licensee Name:	Hope, Love and Grace, LLC
Licensee Address:	785 Pipestone Benton Harbor, MI 49022
Licensee Telephone #:	(269) 252-2070
Licensee Designee:	Constance Johnson
Administrator:	Constance Johnson
Name of Facility:	Hope Love & Grace #3
Facility Address:	797 Pipestone Benton Harbor, MI 49022
Facility Telephone #:	(269) 252-2070
Original Issuance Date:	07/24/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/06/2025

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 1
No. of residents interviewed and/or observed 0
No. of others interviewed 0 Role:

- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.14201 **Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.**

(2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application.

Licensee failed to admit a resident within six months of the temporary license being issued. Michigan Department of Licensing and Regulatory Affairs – Bureau of Community and Health Systems was unable to determine compliance with administrative rules related to quality of care.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



2/10/25

Rodney Gill
Licensing Consultant

Date