



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 17, 2025

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

RE: License #: AS670263222
Hopkins #US10
12377 US Highway 10
Ewart, MI 49631

Dear Laura Hopkins:

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 blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

**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 Designee: | Laura Hopkins |
| Administrator: | Laura Hopkins |
| Name of Facility: | Hopkins #US10 |
| Facility Address: | 12377 US Highway 10 Ewart, MI 49631 |
| Facility Telephone #: | (231) 734-2607 |
| Original Issuance Date: | 12/02/2005 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |
| Certified Programs: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/14/2025

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

Date of Health Authority Inspection if applicable: 12/10/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: ORR

- 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

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

On March 14, 2025, I conducted an exit conference with Licensee Designee Laura Hopkins. I explained my finding as noted above. Ms. Hopkins stated she understood the finding, had no further information to provide, nor additional questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



March 17, 2025

Bruce A. Messer
Licensing Consultant

Date