

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 18, 2025

Jennifer Lockhart Hope Network, S.E. PO Box 190179 Burton, MI 48519

RE: License #: AS500251970

Fairfield

30183 Fairfield

Chesterfield, MI 48051-1799

Dear Ms. Lockhart:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 972-9136.

Sincerely,

Kristine Cilluffo, Licensing Consultant

Kristine Cillylo

Bureau of Community and Health Systems

Cadillac Place

3026 West Grand Blvd Ste 9-100

Detroit, MI 48202

(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500251970
Licensee Name:	Hope Network, S.E.
Licensee Address:	PO Box 190179
	Burton, MI 48519
	(
Licensee Telephone #:	(517) 256-2939
Licenses/Licenses Decisions	lannifor Lankowt
Licensee/Licensee Designee:	Jennifer Lockart
Administrator:	Janice McPherson
Administrator.	Janice McFrierson
Name of Facility:	Fairfield
Facility Address:	30183 Fairfield
-	Chesterfield, MI 48051-1799
Facility Telephone #:	(517) 256-2939
Original Issuance Date:	12/11/2002
Capacity:	6
Due sure True s	NACNITALLY III
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	07/17/2	025
Date	e of Bureau of Fire Services Inspection if ap	olicable:	N/A
Date	e of Environmental/Health Inspection if appli	cable:	N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Admini	strator	2 6
•	Medication pass / simulated pass observed Reviewed medications with Home Manager Medication(s) and medication record(s) rev		•
•	Resident funds and associated documents Yes No If no, explain. Meal preparation / service observed? Yes Inspection did not occur during a meal prep Fire drills reviewed? Yes No If no, o	☐ No ⊠ aration.	
•	Fire safety equipment and practices observ	ed? Yes	⊠ No If no, explain.
•	E-scores reviewed? (Special Certification Control of the second of the		
•	Incident report follow-up? Yes ⊠ No □ I	f no, expla	ain.
•	Corrective action plan compliance verified? CAP date 08/02/2023- SC803(6), AS205(5) AS505(4) N/A Number of excluded employees followed-up	, AS301(1	
•	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:

MCL 400.713	License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.
	(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following: (e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.
Staff, Dean Strong	g and Lindsey Regan, did not have workforce background checks
for the Fairfield ho	me. Mr. Strong's clearance was for Baker Home. Ms. Regan's
clearance was for	Waterstone Crisis Residential Unit.
R 400.14306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written
	assessment plan and agreed upon by the resident or the
	resident's designated representative and the licensee.

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
Resident B did r 09/2024.	ot have weights recorded on weight record for 07/2024 and
R 400.14403	Maintenance of premises.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Kristine Cillufo

Kristine Cillufo

Date
Licensing Consultant