GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 29, 2025

Darlene Brown
HCP HOMES LLC
2532 Kevern Way
Okemos, MI 48864

RE: License #: AS330412322
HCP HOMES
738 N. Jenison
Lansing, MI 48915

Dear Ms. Brown:

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 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 (517) 335-5985.

Sincerely,

Jana Lipps

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AS330412322
Licensee Name:	HCP HOMES LLC
Licensee Address:	2532 Kevern Way Okemos, MI 48864
Licensee Telephone #:	(248) 270-2831
Licensee/Licensee Designee:	Darlene Brown, Designee
Administrator:	Darlene Brown
Name of Facility:	HCP HOMES
Facility Address:	738 N. Jenison Lansing, MI 48915
Facility Telephone #:	(248) 270-2831
Original Issuance Date:	08/29/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/29/2025

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

- 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. Licensee Designee does not hold cash funds for the current resident.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain. The inspection took place between meal periods.
- 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. Current resident does not have any current incident reports to review.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: CAP 5/5/25. Verification of CAP compliance achieved. N/A ☐
- Number of excluded employees followed-up? 2 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.

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

IV. RECOMMENDATION

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

7/29/25

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Jana Lipps Date
Licensing Consultant