



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 15, 2025

William Paige  
Hope Network, S.E.  
PO Box 190179  
Burton, MI 48519

RE: License #:	AS250404568 <b>New Hope Fenton Hills</b> <b>1253 Woodnoll Dr</b> <b>Flint, MI 48507</b>
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Dear William Paige:

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 and special certification will be issued with an effective date of May 8, 2026. 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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250404568
<b>Licensee Name:</b>	Hope Network, S.E.
<b>Licensee Address:</b>	PO Box 190179 Burton, MI 48519
<b>Licensee Telephone #:</b>	(248) 505-1987
<b>Licensee/Licensee Designee:</b>	William Paige
<b>Administrator:</b>	Trina Wicks
<b>Name of Facility:</b>	New Hope Fenton Hills
<b>Facility Address:</b>	1253 Woodnoll Dr Flint, MI 48507
<b>Facility Telephone #:</b>	(810) 243-0986
<b>Original Issuance Date:</b>	11/08/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/11/2025

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: N/A

- 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.  
My inspection did not take place during a mealtime
- 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:  
02/14/24: R.400.14402(4), R.400.14403(2), R.400.14403(1), R.400.14507(6) 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 found to be in non-compliance with the following rules:	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.</b>
At the time of my inspection, I noted that due to an apparent leak in the dining room ceiling, the ceiling has been patched and painted several times. The source of the leak must be determined and repaired, and the ceiling must be properly patched and painted.	
<b>R 400.649</b>	<b>Electrical service.</b>
	<b>Electrical service must be maintained in a safe condition. Where conditions indicate a need for inspection, and on all new or remodeled projects, the electrical service must be inspected by a qualified electrical inspection service and a copy of the inspection report must be maintained for 2 years.</b>
At the time of my inspection, I noted that the ceiling fan in the kitchen/dining room was flickering and one of the bulbs ended up sparking and going out completely. An electrical inspection must be completed by a qualified electrical inspection service, and the results of the inspection must be sent to me. The electrical system must be deemed to be in safe operating condition.	
<b>R 400.665</b>	<b>Food service.</b>
	<b>(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.</b>
<b>REPEAT VIOLATION ESTABLISHED: Ref. R.400.14402(4) CAP dated 02/14/24. Microwave was broken during onsite inspection on 02/01/24.</b>	
At the time of my inspection, I noted that the microwave above the oven was broken. All kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.	
<b>R 400.665</b>	<b>Food service.</b>
	<b>(9) Kitchen hoods or canopies must be equipped with filters. Filters must be maintained in an efficient condition and always clean.</b>

At the time of my inspection, I noted that the hood fan above the stove is broken and not operational. A kitchen hood or canopy must be installed, equipped with filters, and kept in good operation.

**IV. RECOMMENDATION**

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

*Susan Hutchinson*

December 15, 2025

Susan Hutchinson Licensing Consultant	Date
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