



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 9, 2026

David Paul
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

RE: License #: AL820395614
Harbor Point Dearborn Heights
6500 N Inkster Road
Dearborn Heights, MI 48127

Dear Mr. Paul:

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. 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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0439.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, MSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AL820395614

Licensee Name: Hope Network Behavioral Health Services

Licensee Address: PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

Licensee Telephone #: (616) 430-7952

Licensee/Licensee Designee: David Paul

Administrator: David Paul

Name of Facility: Harbor Point Dearborn Heights

Facility Address: 6500 N Inkster Road
Dearborn Heights, MI 48127

Facility Telephone #: (313) 908-4459

Original Issuance Date: 08/12/2019

Capacity: 13

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/28/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 05

No. of residents interviewed and/or observed 02

No. of others interviewed 01 Role: 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.
- 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 found to be in non-compliance with the following rules:

R 400.637 Handling of resident funds and valuables.

(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

No record of cost of care payments for Resident B; however, the licensee confirmed last payment was received on 1/23/26.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(a) Name, address, telephone number, and Social Security number.

(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.

(c) Copy of a driver's license if staff provide transportation services.

(d) Verification of age.

(e) Verification of experience, highest level of education completed, and training.

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

(g) Beginning and ending dates of employment on separation.

(h) Health information as required by these rules.

(i) Verification of the receipt by the staff of personnel policies and job descriptions.

DCS, Kimberly Walker and Latrice Navarro's employee records were incomplete. Mr. Paul explained staff files are not readily available onsite as they are maintained by Human Resources at a different location. Mr. Paul submitted the outstanding documents via email once retrieved by HR.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.

Resident A's guardian did not sign the Resident Care Agreement dated 2/20/25.

R 400.691 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
(g) Admission and monthly weight record.

Resident B's record had no weight records on file before 1/4/26; missing Nov 2025 and December 2025.

IV. RECOMMENDATION

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



02/09/26

Kara Robinson
Licensing Consultant

Date