GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 4, 2026

Donald King
Hope Network, S.E.
PO Box 190179
Burton, MI 48519

RE: License #: AS500079507
Cedar Grove
11171 E. Eleven Mile Road
Warren, MI 48093

Dear Mr. King:

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 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,



LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
3044 W Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #:	AS500079507
Licensee Name:	Hope Network, S.E.
Licensee Address:	PO Box 190179 Burton, MI 48519
Licensee Telephone #:	(586) 206-8869
Licensee/Licensee Designee:	Donald King
Administrator:	Janice McPherson
Name of Facility:	Cedar Grove
Facility Address:	11171 E. Eleven Mile Road Warren, MI 48093
Facility Telephone #:	(586) 758-0355
Original Issuance Date:	01/16/1998
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/25/2026

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 3
No. of residents interviewed and/or observed 4
No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  I observed medications.
- 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 400.619 **Emergency preparedness plan.**

(1) A licensee shall have a written emergency preparedness plan in case of fire, medical, weather, extended utility outage, or other emergencies. The plan must include where residents will receive care in the event the facility is no longer habitable.
(2) An emergency preparedness plan must include all of the following:
(a) Specify persons responsible for carrying out the emergency preparedness plan and their responsibilities.
(b) Persons to be notified during an emergency.
(c) Locations of alarm signals and fire extinguishers.
(d) Evacuation routes and designated point of safety.
(e) Procedures and special staff response for evacuating residents of limited mobility or special needs and visitors.
(f) Any special assistance needed by a resident.
(3) A licensee must have a written fire safety plan that includes all of the following:
(a) Use of and response to alarms.
(b) Notification of an alarm to the fire department.
(c) Isolation of fire.
(d) Evacuation of the facility.
(e) Closure of bedroom doors and corridor access doors on exiting.
(f) Use of fire extinguishers.
(4) The evacuation routes and designated point of safety must be prominently posted in the facility and include a floor plan that specifies locations of evacuation and exit routes to be followed.
(5) A licensee shall have a telephone available and accessible to anyone in the facility for emergency use and emergency telephone numbers posted in a conspicuous location that includes fire, police, and medical emergency services.
(6) A licensee shall ensure that residents, volunteers, and members of the household are familiar with the emergency

preparedness plan and fire safety plan and any assigned responsibilities to carry out the plan.
(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.

I observed that there was no Emergency Preparedness Plan, Fire Safety Plan or quarterly training for staff on the Emergency Preparedness Plan and Fire Safety.

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

There was no fire drill recorded during the 3rd quarter of 2024 for the 3 p.m. to 11 p.m. shift. There was no fire drill recorded during the 4th quarter of 2024 during the 7 a.m. to 3 p.m. shift.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

Direct care staff Stacey Grimes did not have verification of two reference checks in the employee record.

R 400.691 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
(d) Health care information including all of the following:
(i) Health care appraisals.

I observed that Resident A did not have a *Health Care Appraisal* for 2024 in the resident record.

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.

I observed that Resident A did not have a monthly weight record for 2024 in the resident record.

R 400.715 Facility environment; fire safety, adoption by reference.

(3) The capability of the residents to evacuate a facility in the event of a fire must be assessed using methods described in chapter 7 of the 2022 edition of NFPA 101A, Guide on Alternative Approaches to Life Safety. NFPA 101A. Guide on Alternative Approaches to Life Safety, 2022 edition, is adopted by reference and available to purchase on the National Fire Protection Association website at https:// www.nfpa.org at a cost of $157.00 for nonmembers of the NFPA and $141.30 for NFPA members at the time of adoption of these rules. A copy of NFPA 101A is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101A.

(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following:
(b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted

by reference and available to purchase on the National Fire Protection Association website at https:// www.nfpa.org at a cost of $168.00 for nonmembers of the NFPA and $151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box Courtesy of Michigan Administrative Rules Page 35 Page 36 Courtesy of Michigan Administrative Rules 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.

I observed the following errors for 2026 evacuations scores:

- The summary of evacuation assistance was incorrect and listed the number zero.
- The summation of each resident evacuation score was calculated incorrectly.

I observed that there were no annual evacuation scores available for review for 2025.

IV. RECOMMENDATION

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

L. Reed

09/04/2026

LaShonda Reed Date
Licensing Consultant