GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 19, 2026

Adam Hodges and Lydia Hodges
11667 152nd Ave.
West Olive, MI 49460

RE: License #: AF700402518
Lydia's House
11667 152nd Ave.
West Olive, MI 49460

Dear Adam Hodges and Lydia Hodges:

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 and special certification 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 (616) 356-0100.

Sincerely,

Anthony Mullins

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AF700402518
Licensee Name:	Adam Hodges and Lydia Hodges
Licensee Address:	11667 152nd Ave. West Olive, MI 49460
Licensee Telephone #:	(616) 844-3059
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Lydia's House
Facility Address:	11667 152nd Ave. West Olive, MI 49460
Facility Telephone #:	(616) 844-3059
Original Issuance Date:	04/22/2020
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 06/22/2026 – A Rating

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 3
No. of others interviewed 2 Role: Co-licensees

- 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. Residents are responsible for their own funds.
- 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. N/A
- 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 ☒

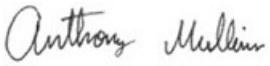
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

While onsite, I conducted an exit conference with co-licensee, Lydia Hodges and her daughter, Jessica Hodges. Both parties denied any questions or concerns with the findings.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult family home (capacity 1-6).



10/19/2026

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Anthony Mullins Date
Licensing Consultant