



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

January 2, 2014

Raymond Hopson and Joy Hopson  
23760 Samoset  
Southfield, MI 48034

RE: Application #: AF630342386  
Hopson CTH  
1734 Hickory Bark Lane  
Bloomfield, MI 48304

Dear Raymond Hopson and Joy Hopson:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license and specialized certification with a maximum capacity of 4 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (248) 975-5053.

Sincerely,

Edward Ewell, Licensing Consultant  
Bureau of Children and Adult Licensing  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630342386
<b>Applicant Name:</b>	Raymond Hopson and Joy Hopson
<b>Applicant Address:</b>	23760 Samoset Southfield, MI 48034
<b>Applicant Telephone #:</b>	(248) 358-1589
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Hopson CTH
<b>Facility Address:</b>	1734 Hickory Bark Lane Bloomfield, MI 48304
<b>Facility Telephone #:</b>	(248) 260-7301
<b>Application Date:</b>	06/03/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

06/03/2013	Enrollment
06/13/2013	PSOR on Address Completed
06/13/2013	Application Incomplete Letter Sent 1326/Aaron.
06/13/2013	Contact - Document Sent Act&Rules.
06/14/2013	Comment File to Cheryl G/FPs-Raymond &Joy.
06/14/2013	Comment SO Supdt/Raymond.
07/18/2013	Application Incomplete Letter Sent SO Supdt/Raymond, 1326/Julia.
07/30/2013	Application Complete/On-site Needed
07/30/2013	File Transferred To Field Office Pontiac.
08/01/2013	Contact - Document Received Received licensing file from Central Office.
08/09/2013	Application Incomplete Letter Sent Facility to take the place of Hopson AF630286664 when licensed. The Hopson facility will be closed when a new license is issued.
08/20/2013	Inspection Completed On-site
08/20/2013	Inspection Completed-BCAL Sub. Compliance
08/20/2013	SC-Application Received - Original
09/27/2013	Corrective Action Plan Received
12/30/2013	Corrective Action Plan Approved
12/30/2013	Inspection Completed-BCAL Full Compliance
01/02/2014	SC-Recommend DD
01/02/2014	SC-Certification issued DD

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### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a large four-bedroom two-story home with an attached three-car garage and is located in an upscale area of Bloomfield Michigan in Oakland County. The neighborhood is characterized with similar structures on large parcels of land. The facility is located within one mile of convenient neighborhood shopping outlets and strip malls in the area. The home contains 3260 square feet of floor space and has a basement. The facility has a large kitchen, living room, dining room, great room and a patio. Outside of the kitchen; these areas contain over 837 square feet of multipurpose space to accommodate four residents. There are two bedrooms that will house the applicant and their daughter. There are four bathrooms to accommodate the residents and staff. Both the hot water heater and furnace are located in the basement with adequate fire safety enclosure. An inch and three quarter solid core hard wood door with a self-closing device is located at the top of the stairs leading to the basement for adequate fire separation. There is a make-up air duct in the furnace room to prohibit combustion from occurring.

The bedrooms are designated as follows:

- Bedroom #1 contains 508 square feet and will accommodate two residents.
- Bedroom #2 contains 289 square feet and will accommodate two residents.
- Bedroom #3 contains 264 square feet and will accommodate the applicants daughter.
- Bedroom #4 contains 284 square feet and will accommodate the applicant.

The facility is served by both public water and sewer systems thereby negating the need for an Environmental Health Inspection. During my inspection of 12/30/2013, the water temperature measured 113 degrees Fahrenheit at the kitchen tap.

On 12/30/2013, I conducted a fire safety inspection and found the facility to be in full compliance with applicable Fire Safety Rules and Regulations. The home is equipped with an electrically powered interconnected hard-wired smoke detection system that is audible in all sleeping rooms with the doors closed. There are three approved fire extinguishers on the ground floor, second floor and in the basement of the facility.

Zoning approval is not required for this facility as it meets the provisions of the Federal Fair Housing Amendments Acts.

## B. Program Description

The facility licensee will be Raymond Hopson and Joy Hopson who were previously licensed as the "Hopson AF630286664" Family Home with a MORC Specialized Program Certification contract for more than 14 years. Raymond and Joy Hopson both have several years of experience of providing care to the resident population that will be served by the facility. The Hopson CTH family home will offer a program for the Developmentally Disabled population. The applicant has submitted all of the required documents for licensure of an adult foster care family home including; Licensing Record Clearances including fingerprinting clearance, Medical Clearances, proof of ownership, specialized programs application and all required forms. The facility will offer 24-hour supervision, assistance and protection to the residents. Room, board, basic care and assistance with activities of daily living will be provided as needed. At least one staff person will be on duty at all times to provide care to the residents.

At the final inspection of 12/30/2013, administrative rule requirements for keeping facility and employee records were discussed. I provided an in-service to the applicant regarding the Department's requirements for record keeping in an adult foster care family home. Additionally, I provided technical assistance to the applicant showing them all of the required forms and records that must be kept in the facility.

At the final inspection of 12/30/2013, the applicant was found to be in full compliance with the department's Administrative Rules and Regulations Quality of Care Rules, Environmental Health, Physical Plant Rules and Fire Safety Rules.

## IV RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home located at 1734 Hickory Bark Lane Bloomfield Michigan, Oakland County, with the capacity of four (4) developmentally disabled residents; male or female. A temporary license is in effect for a six-month period. After the six month period, a licensing renewal study will take place.



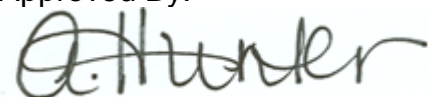
01/02/2014

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Edward Ewell  
Licensing Consultant

Date

Approved By:



01/02/2014

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Ardra Hunter

Date

Area Manager