



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 29, 2021

Bernard Hotchkiss Jr.
Hotchkiss Homes Inc
9475 Seyforth Road
Silverwood, MI 48760

RE: License #:	AS440011715 M. Hotchkiss Home 9475 Seyforth Road Silverwood, MI 48760
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Dear Mr. Hotchkiss Jr.:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. However, you are still responsible for completing your renewal application and paying the renewal fee when you are notified to do so. In addition, we need an acceptable rating from Environmental Health. Once these tasks are completed, your license and special certification will be renewed with an effective date of 08/02/2021. 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 (517) 284-9730.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AS440011715
Licensee Name:	Hotchkiss Homes Inc
Licensee Address:	9475 Seyforth Road Silverwood, MI 48760
Licensee Telephone #:	(989) 761-7450
Licensee/Licensee Designee:	Bernard Hotchkiss Jr.
Administrator:	Bernard Hotchkiss Jr.
Name of Facility:	M. Hotchkiss Home
Facility Address:	9475 Seyforth Road Silverwood, MI 48760
Facility Telephone #:	(989) 761-7259
Original Issuance Date:	08/23/1990
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/29/2021 (Virtual)

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

Date of Environmental/Health Inspection if applicable: Needed

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed N/A Role: [REDACTED]

- 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:
6/26/19 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license which will be effective 08/02/21 providing the licensee completes the renewal process and we receive an acceptable rating from Environmental Health.



April 29, 2021

Susan Hutchinson Licensing Consultant	Date
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