



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 2, 2024

William Paige  
Hope Network, S.E.  
PO Box 190179  
Burton, MI 48519

RE: License #:	AS250404567 <b>New Hope Green Valley</b> <b>8179 Green Valley Dr</b> <b>Grand Blanc, MI 48439</b>
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Dear William Paige:

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.

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) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250404567
<b>Licensee Name:</b>	Hope Network, S.E.
<b>Licensee Address:</b>	PO Box 190179 Burton, MI 48519
<b>Licensee Telephone #:</b>	(989) 482-7039
<b>Licensee/Licensee Designee:</b>	William Paige
<b>Administrator:</b>	Kayonna Ferguson
<b>Name of Facility:</b>	New Hope Green Valley
<b>Facility Address:</b>	8179 Green Valley Dr Grand Blanc, MI 48439
<b>Facility Telephone #:</b>	(810) 600-2717
<b>Original Issuance Date:</b>	11/08/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/01/2024

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 0 Role: N/A

- 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:  
06/06/23; R 400.14206(2) 04/21/22; R 400.14507(6), R 400.14511(2), R  
400.14402(3) 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:	
<b>R 400.14402</b>	<b>Food service.</b>
	<b>(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned, and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.</b>
At the time of my onsite inspection, I noted the following: <ul style="list-style-type: none"> <li>• The microwave was broken and needs to be repaired/replaced</li> <li>• The surface of the refrigerator/freezer was rusting and needs to be repaired/replaced</li> </ul>	
<b>R 400.14403</b>	<b>Means of egress generally.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>
At the time of my onsite inspection, I noted the following: <ul style="list-style-type: none"> <li>• One of the dressers in the shared bedroom of Resident A and Resident B has a broken drawer that needs to be repaired/replaced</li> <li>• The shared bedroom of Resident A and Resident B was excessively dirty with food wrappers, dirty dishes, etc.</li> </ul>	
<b>R 400.14403</b>	<b>Means of egress generally.</b>
	<b>(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.</b>
At the time of my onsite inspection, I noted that the front screen door handle was broken and needs to be repaired/replaced.	
<b>R 400.14411</b>	<b>Linens.</b>
	<b>(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillowcase, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.</b>

At the time of my onsite inspection, I noted that Resident A did not have a mattress pad or sheets on his bed.

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).

*Susan Hutchinson*

February 2, 2024

Susan Hutchinson Licensing Consultant	Date
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