



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2024

Lyle Robinette
Larcyn Holdings, Inc.
1252 N. Cochran Avenue
Charlotte, MI 48813

RE: License #: AL230290825
Hope Landing
1252 N. Cochran Ave.
Charlotte, MI 48813

Dear Lyle Robinette:

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 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AL230290825
Licensee Name:	Larcyn Holdings, Inc.
Licensee Address:	1252 N. Cochran Ave. Charlotte, MI 48813
Licensee Telephone #:	(517) 541-9620
Licensee Designee:	Lyle Robinette
Administrator:	Lyle Robinette
Name of Facility:	Hope Landing
Facility Address:	1252 N. Cochran Ave. Charlotte, MI 48813
Facility Telephone #:	(517) 541-9620
Original Issuance Date:	11/09/2007
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 03/15/2024

Date of Bureau of Fire Services Inspection if applicable: 11/13/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 19
No. of others interviewed 2 Role: Administration

- 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.
- 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
The licensee was granted a variance to R 400.15315(3) on 03/20/2019 to use their own electronic system to track Adult Foster Care payments rather than the Department's Resident Funds II form.

A variance was granted on 11/09/20227 for the R 400.15410(1) allowing residents the choice of furnishing their bedroom with their own furniture.

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.



03/18/2024

Cathy Cushman
Licensing Consultant

Date