

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 4, 2024

Karrie Beilfuss Hope House I Nonprofit Hsg Corp P 0 Box 1978 524 North Jackson St. Jackson, MI 49201

RE: License #: AL380007055

Hope House I

1706 Second Street Jackson, MI 49203

Dear Karrie Beilfuss:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: You are to submit documentation of compliance (Copy of Michigan Food Handler Card) by May 6, 2024.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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,

Mahtina Bubeitius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa P.O. Box 30664 Lansing, MI 48909 (517) 262-8604

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

I. IDENTIFYING INFORMATION

License#: AL380007055

Licensee Name: Hope House I Nonprofit Hsg Corp

Licensee Address: P 0 Box 1978

524 North Jackson St. Jackson, MI 49201

Licensee Telephone #: (517) 784-4426

Licensee/Licensee Designee: Karrie Beilfuss

Administrator: Barbara Wright

Name of Facility: Hope House I

Facility Address: 1706 Second Street

Jackson, MI 49203

Facility Telephone #: (517) 784-7559

Original Issuance Date: 04/01/1978

Capacity: 16

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of C	On-site Inspection(s):	04/03/2024		
Date of E	Bureau of Fire Servic	es Inspection if applicable:	09/06/2023 & 10/09/2023	
Date of E	Environmental/Health	Inspection if applicable: N/	A	
No. of re	aff interviewed and/o sidents interviewed a hers interviewed		4 9	
• Med	lication pass / simula	ted pass observed? Yes ⊠	〗No □ If no, explain.	
• Med	lication(s) and medic	ation record(s) reviewed? \	∕es ⊠ No □ If no, explain	
Yes	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
• Fire	drills reviewed? Yes	s ⊠ No □ If no, explain.		
• Fire	safety equipment an	d practices observed? Yes	No □ If no, explain.	
If no	, explain.	ecial Certification Only) Yes cked? Yes ⊠ No □ If no,		
IncidCorr	Incident report follow-up? Yes ☐ No ☒ If no, explain. Incident Reports are no longer required to be submitted to LARA. Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒ Number of excluded employees followed-up? 3 N/A ☐			
• Varia	ances? Yes 🗌 (plea	ase explain) No 🖂 N/A 🗌		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15201

Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.

(14) A licensee shall employ at least 1 individual who is qualified by training, experience, and performance to be responsible for food preparation. Additional food service staff shall be employed as necessary to ensure regular and timely meals.

The employee responsible for food preparation and food service did not have a food handler certificate.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and the special certification is recommended.

Mahtina Rubritius	4/4/2024
Mahtina Rubritius	Date
Licensing Consultant	