



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 17, 2025

Laura Hopkins  
P O Box 728  
Ewart, MI 496310728

RE: License #: AS670015899  
**Hopkins 20th Ave AFC**  
**8328 20th Avenue**  
**Sears, MI 49679**

Dear Ms. Hopkins:

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: An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AS670015899                              |
| <b>Licensee Name:</b>          | Laura Hopkins                            |
| <b>Licensee Address:</b>       | 1375 Chaput<br>Sears, MI 49679           |
| <b>Licensee Telephone #:</b>   | (231) 734-6869                           |
| <b>Administrator:</b>          | Laura Hopkins                            |
| <b>Name of Facility:</b>       | Hopkins 20th Ave AFC                     |
| <b>Facility Address:</b>       | 8328 20th Avenue<br>Sears, MI 49679      |
| <b>Facility Telephone #:</b>   | (231) 734-9961                           |
| <b>Original Issuance Date:</b> | 01/25/1995                               |
| <b>Capacity:</b>               | 6  |
| <b>Program Type:</b>           | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |
| <b>Certified Programs:</b>     | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/16/2025

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

Date of Health Authority Inspection if applicable: 12/10/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee/Administrator

- 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

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.14401      Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature was measured at 123 degrees Fahrenheit at the kitchen sink at the time of the inspection.

**R 400.14402      Food service.**

**(3) Refrigerators and freezers shall be equipped with approved thermometers.**

One freezer used for resident food had a broken and/or inoperable thermometer.

Technical assistance provided:

- One furnace in the home needs a new filter.
- One resident needs a chair available to him in his bedroom.
- Some of the resident forms were lacking the "agency" signature.

### IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license.



4/17/2025

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Adam Robarge  
Licensing Consultant

Date