



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 6, 2025

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

RE: License #:	AM250281878 <b>New Hope Behavioral Services I Suite A 1110 Eldon Baker Dr. Flint, MI 48507</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 and special certification 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 cursive script that reads "Susan Hutchinson".

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>	AM250281878
<b>Licensee Name:</b>	Hope Network, S.E.
<b>Licensee Address:</b>	PO Box 190179 Burton, MI 48519
<b>Licensee Telephone #:</b>	(586) 206-8869
<b>Licensee/Licensee Designee:</b>	William Paige
<b>Administrator:</b>	Tara Maynie
<b>Name of Facility:</b>	New Hope Behavioral Services I
<b>Facility Address:</b>	Suite A 1110 Eldon Baker Dr. Flint, MI 48507
<b>Facility Telephone #:</b>	(810) 742-3134
<b>Original Issuance Date:</b>	05/06/2006
<b>Capacity:</b>	8
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/05/2025

Date of Bureau of Fire Services Inspection if applicable: 01/02/2025

Date of Health Authority Inspection if applicable: 06/05/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

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.
- 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:  
6/23/23: R 400.14301(2)(c), R 400.14305(3), R 400.14308(1), 06/23/23:  
R 400.14403(1), R 400.401(2), R 400.14507(6) N/A ☐
- Number of excluded employees followed-up? 0 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 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>
At the time of my inspection, I noted the following: <ul style="list-style-type: none"><li>• The heater vent along the floor/wall in bedroom #4 is rusted and dented</li><li>• The heater vent along the floor/wall in bathroom #4 is dented and broken</li><li>• The transition piece on the floor in bathroom #4 is broken</li><li>• The bathroom floor in bathroom #5 is excessively dirty</li><li>• The housekeeping standards in all resident bedrooms and bathrooms is lacking and does not present a comfortable, clean, and orderly appearance.</li></ul>	
<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 pillow case, 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>
One of the beds in bedroom #7 did not a mattress pad, sheets, or a pillowcase. In addition, the mattress was excessively dirty and stained.	

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Susan Hutchinson*

June 6, 2025

Susan Hutchinson Licensing Consultant	Date
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