



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 13, 2025

James Pilot  
Bay Human Services, Inc.  
P O Box 741  
Standish, MI 48658

RE: License #: AS730311600  
**House of Hope**  
**4326 N Michigan**  
**Saginaw, MI 48604**

Dear James Pilot:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license will be renewed upon closure of SIR #2026A0576001. The license is valid only at your present address and is non-transferable.

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 'C. Garza'.

Christina Garza, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 240-2478

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

**I. IDENTIFYING INFORMATION**

**License #:** AS730311600

**Licensee Name:** Bay Human Services, Inc.

**Licensee Address:** PO Box 741  
3463 Deep River Rd  
Standish, MI 48658

**Licensee Telephone #:** (989) 846-9631

**Licensee/Licensee Designee:** James Pilot

**Administrator:** Melissa Rood

**Name of Facility:** House of Hope

**Facility Address:** 4326 N Michigan  
Saginaw, MI 48604

**Facility Telephone #:** (989) 401-5222

**Original Issuance Date:** 01/31/2011

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/07/2025

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 1 Role: Program Manager

- 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: 2/2/23 AS305(3), 12/23/24 AS305(3) N/A
- Number of excluded employees followed-up? 1 N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license upon completion of SIR 2026A0576001.



10/13/2025

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Christina Garza  
Licensing Consultant

Date