



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 15, 2025

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

RE: License #:	AS250404567 New Hope Green Valley 8179 Green Valley Dr Grand Blanc, MI 48439
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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 with an effective date of 05/08/26. 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 black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

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

License #:	AS250404567
Licensee Name:	Hope Network, S.E.
Licensee Address:	PO Box 190179 Burton, MI 48519
Licensee Telephone #:	(248) 505-1987
Licensee/Licensee Designee:	William Paige
Administrator:	Donald King
Name of Facility:	New Hope Green Valley
Facility Address:	8179 Green Valley Dr Grand Blanc, MI 48439
Facility Telephone #:	(810) 600-2717
Original Issuance Date:	11/08/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/11/2025

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 3

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.
My inspection did not take place during a mealtime.
- 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:
02/14/24: R.400.14312(4)(a), 01/10/24: R.400.14308(2)(f), 04/17/24:
R.400.14402(4), R.400.14403(4), R.400.14411(1), R.400.14403(2) N/A
- Number of excluded employees followed-up? 1 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 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
At the time of my inspection, I noted that due to an apparent leak in the kitchen sink, the surface under the sink shows evidence of water damage and has evidence of mildew. The surface must be replaced.	
R 400.647	Safety and maintenance of premises.
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
REPEAT VIOLATION ESTABLISHED: Ref. R.400.14403(2), CAP dated 02/15/24- at the time of my inspection, one of the dressers in the bedroom shared by Resident A and Resident B had a broken drawer that needed to be replaced.	
At the time of my inspection, I noted the following:	
<ul style="list-style-type: none"> • One of the dressers in the bedroom shared by Resident A and Resident B has a broken drawer. The dresser drawer needs to be repaired or the dresser needs to be replaced. • The stairwell rails, walls, and step-risers leading to the second floor are dirty and/or have peeling paint. The rails, walls, and step-risers must be cleaned and repainted. 	

IV. RECOMMENDATION

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

Susan Hutchinson

December 15, 2025

Susan Hutchinson Licensing Consultant	Date
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