



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 24, 2026

Jennifer Lockhart  
Hope Network, S.E.  
PO Box 190179  
Burton, MI 48519

RE: License #: AS090302478  
Harbor House AFC  
5385 Kasemeyer  
Bay City, MI 48706

Dear Ms. Lockhart:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS090302478
<b>Licensee Name:</b>	Hope Network, S.E.
<b>Licensee Address:</b>	PO Box 190179 Burton, MI 48519
<b>Licensee Telephone #:</b>	(517) 256-2939
<b>Licensee/Licensee Designee:</b>	Jennifer Lockhart
<b>Administrator:</b>	Theresa Plumb
<b>Name of Facility:</b>	Harbor House AFC
<b>Facility Address:</b>	5385 Kasemeyer Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 482-7039
<b>Original Issuance Date:</b>	08/03/2009
<b>Capacity:</b>	6
<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): 02/23/2026

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 6

No. of others interviewed [redacted] Role: [redacted]

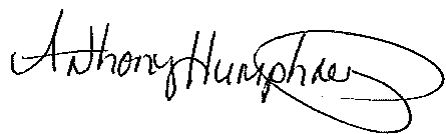
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



02/24/2026

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Anthony Humphrey  
Licensing Consultant

Date