



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 14, 2026

Judy Reid
Hope House I Nonprofit Hsg Corp
P O Box 1978
524 North Jackson St.
Jackson, MI 49201

RE: License #: AL380007059
Hope House II/Fowler House
400 Van Buren Street
Jackson, MI 49201

Dear Judy Reid:

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: You are to submit a Statement of Correction by June 15, 2026.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license 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) 335-5985.

Sincerely,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AL380007059

Licensee Name: Hope House I Nonprofit Hsg Corp

Licensee Address: P O Box 1978
524 North Jackson St.
Jackson, MI 49201

Licensee Telephone #: (517) 748-7071

Licensee/Licensee Designee: Judy Reid

Administrator: Judy Reid

Name of Facility: Hope House II/Fowler House

Facility Address: 400 Van Buren Street
Jackson, MI 49201

Facility Telephone #: (517) 784-1522

Original Issuance Date: 10/01/1980

Capacity: 16

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2026

Date of Bureau of Fire Services Inspection if applicable: 08/13/2025

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 10
No. of others interviewed 0 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.
Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
These rules were cited prior to the promulgation of the new rules, which became effective on November 3, 2025. R 330.1803, R 400.15205 (5), R 400.15315 (6), R 400.15408 (4) & R 400.14305 (3) 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 400.619 Emergency preparedness plan.

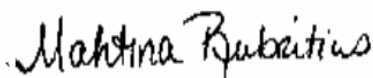
(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

- While the licensee conducted several fire drills during the third quarter of 2025, there were no fire drills conducted during the sleeping hours (11 p.m. to 7:00 a.m.).
- During the fourth quarter of 2025, there were no fire drills conducted during the daytime hours (7:00 a.m. to 3:00 p.m.).

A corrective action plan was requested and approved on 05/13/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable written corrective action plan has been received. Issuance of a 2-year renewal of the license and special certification is recommended.



05/14/2026

Mahtina Rubritius
Licensing Consultant

Date