GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 10, 2026

Claudia Lawrence
24 FRONTENAC ST SE
WYOMING, MI 49548

RE: Application #: AF410420227
VISION OF HOPE AFC
24 FRONTENAC ST SE
WYOMING, MI 49548

Dear Ms. Lawrence:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AF410420227
Licensee Name:	Claudia Lawrence
Licensee Address:	24 FRONTENAC ST SE WYOMING, MI 49548
Licensee Telephone #:	(269) 501-6215
Administrator/Licensee Designee:	N/A
Name of Facility:	VISION OF HOPE AFC
Facility Address:	24 FRONTENAC ST SE WYOMING, MI 49548
Facility Telephone #:	(616) 243-1443
Application Date:	01/17/2026
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/17/2026	On-Line Enrollment
01/20/2026	PSOR on Address Completed
01/20/2026	Contact - Document Sent forms sent
02/03/2026	Contact - Document Received RI 030
02/11/2026	Contact - Document Received 1326
02/11/2026	Contact - Document Sent requested AFC100 for Pauline again
02/17/2026	Contact - Document Received AFC100
02/17/2026	File Transferred To Field Office
02/19/2026	Application Incomplete Letter Sent
06/08/2026	Application Complete/On-site Needed
06/09/2026	Inspection Completed On-site
06/09/2026	Inspection Completed-BCAL Full Compliance
06/09/2026	Exit Conference
06/09/2026	Inspection Completed-Env. Health : A
06/09/2026	Inspection Completed-Fire Safety : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

VISION OF HOPE AFC, which is located at 24 Frontenac Street SE Wyoming Mi 49548, Kent County, Michigan, is owned by Claudia Lawrence. The facility is a bi-level home that sits in an urban neighborhood. The home has vinyl siding with adequate parking space for approximately two vehicles. The main floor of the home has two resident bedrooms, full bathroom, kitchen/dining room, and living room. The lower level

contains one resident bedroom and one full bathroom. The laundry appliances are located in a separate laundry room in the lower level.

The hot water heater and furnace are in the lower level. The lower level and main floor are separated with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery operated smoke detection and is fully operational. The system was tested upon the final inspection on 04/13/2026 and worked properly. There are at least one operable A-B-C fire extinguisher attached to the wall and it are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.07 x 14.06	139	2
2	9.07 x 14.06	139	2
3	16 x 9	144	2
		Total Capacity: 5	

The living and dining room areas measure a total of 300 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition.
The overall maintenance and cleanliness of the home is good.
The landscaping and property are maintained in appropriate condition.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **five** male adults aged 18 years to 99, who may be diagnosed with a developmental disability and/or mental illness in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff members, and only with the prior approval of the resident, guardian, and the responsible agency.

VISION OF HOPE AFC does not provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services. Staff will be asleep during residents' sleeping hours.

C. Applicant and Administrator Qualifications

The applicant Claudia Lawrence submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Claudia Lawrence is the licensee for this home. Medical and Record Clearance requests for Ms. Lawrence were completed with no restrictions noted on either.

Ms. Lawrence has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this five-bed facility is 1-staff- to-5 residents during waking hours and 1-staff-to-5 residents during overnight sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff-to-resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), Identogo, and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by Ms. Lawrence can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer

working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 5).

06/10/2026

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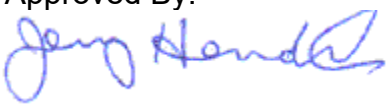
Toya Zylstra Date
Licensing Consultant

Approved By:



06/10/2026

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Jerry Hendrick Date
Area Manager