GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 5, 2026

Constance Johnson
Hope, Love and Grace, LLC
785 Pipestone
Benton Harbor, MI 49022

RE: Application #: AS110420379
Hope Love & Grace - Home 3
787 Pipestone
Benton Harbor, MI 49022

Dear Mrs. Johnson:

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 concurrent special certification for a maximum capacity of 6 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,

Rodney Gill

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517) 980-1433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS110420379
Applicant Name:	Hope, Love and Grace, LLC
Applicant Address:	785 Pipestone Benton Harbor, MI 49022
Applicant Telephone #:	(269) 252-2070
Administrator/Licensee Designee:	Constance Johnson
Name of Facility:	Hope Love & Grace - Home 3
Facility Address:	787 Pipestone Benton Harbor, MI 49022
Facility Telephone #:	(269) 252-2070
Application Date:	03/05/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/05/2026	Enrollment
03/05/2026	PSOR on Address Completed
03/05/2026	Application Incomplete Letter Sent 1326/RI030
03/05/2026	Contact - Document Sent App Inc letter sent via email.
03/27/2026	Contact - Document Received Medical and 1326/RI030.
03/27/2026	Comment FP sent to Ashley.
04/13/2026	File Transferred To Field Office
04/14/2026	Application Incomplete Letter Sent to licensee designee Constance Johnson.
04/14/2026	SC-ORR Response Requested
05/13/2026	Contact - Document Received I received an email from licensee designee Constance Johnson providing supporting documentation for this enrollment.
05/13/2026	SC-ORR Response Received-Approval
05/19/2026	Comment I emailed Mrs. Johnson requesting additional supporting documentation and informing Mrs. Johnson that I can conduct an onsite Original inspection in the first week of 6/26.
05/20/2026	Comment Mrs. Johnson and I emailed each other and decided to conduct the onsite Original inspection on 6/3/26 at 1:00 p.m.
05/31/2026	Contact - Document Received

	Mrs. Johnson provided the remainder of documentation needed for this enrollment.
05/31/2026	Application Complete/On-site Needed
06/03/2026	Inspection Completed On-site
06/03/2026	SC-Inspection Completed On-Site
06/04/2026	Inspection Completed-BCAL Full Compliance
06/04/2026	SC-Application Received - Original
06/04/2026	SC-Inspection Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hope Love & Grace – Home 3 is a two-story Colonial-style home located in a residential area within Benton Harbor, MI. The facility has been completely renovated and thoughtfully decorated with new furnishings throughout. The facility has a grey vinyl siding exterior with black accents and outdoor light fixtures.

The home is located in a friendly neighborhood and has a large backyard where residents can enjoy the outdoors and a driveway for staff and visitor parking. The home is not wheelchair accessible as the applicant does not plan to admit residents with impaired physical mobility requiring a wheelchair or other mobility device to ambulate.

The home is equipped with a hardwired interconnected combination smoke and carbon monoxide detector system with battery backup that meets fire safety rule requirements and was last inspected on 5/29/26 by Benton Harbor Department of Public Safety. The facility has at least one fire extinguisher on each floor and direct care staff members (DCSMs) are aware of their location and trained in how to properly use them.

I reviewed the facility fire, tornado, and medical emergency plans to ensure all fire safety and licensing rules were followed. I ensured residents could easily open windows in their bedrooms if necessary. Because the maximum capacity is less than seven residents, no annual Bureau of Fire Services (BFS) Inspection is required. I inspected and determined the facility compliant with fire safety administrative rules. The facility has two approved means of egress.

The home utilizes public water, and sewage so does not require annual Environmental Health Inspections.

Boss Services conducted a complete inspection of the home's mechanical systems on 5/14/26. The inspector found no material defects during the inspection and indicated that he tested all electrical connections and components, and all were found to be within manufacturer specifications and requirements.

The gas furnace and water heater are located in the basement, and standard building material was used for floor separation. The floor separation also includes at least 1 3/4-inch solid core wood door or equivalent equipped with an automatic self-closing device to create a floor separation between the basement and the first floor. Residents will not have access to the basement.

The clothes dryer is properly vented to the outside using permanent metal duct work.

Resident bedrooms and indoor living areas were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.3 x 11.2	104	1
2	15.5 x 10	155	2
3	11 x 17	187	2
4	9.3 x 11.4	106	1

Given the sizes of the bedrooms and one to two residents per room, the facility's bedroom space exceeds the required 80 square feet allowed of usable floor space for a single occupancy and 65 square feet of usable floor space per bed for a multioccupancy resident bedroom.

The indoor living and dining areas measure a total of 634 square feet of living space. This greatly exceeds the minimum of 35 square feet of indoor living space per occupant, exclusive of bathrooms, storage areas, hallways, kitchens, and sleeping areas. Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection, and personal care to 6 male and/or female residents between 18 and 75 years of age who are physically handicapped, developmentally disabled, mentally ill, aged, and/or traumatically brain injured and require some level of assistance with activities of daily living (ADL).

The applicant's mission statement is to serve the community mental health residents and families of Berrien and surrounding counties. The applicant operates so that residents (and their families) know there is always hope, extended through love and grace, and they desire to be part of that positive change in their future.

The applicant offers long-term guidance by providing personal care, protection, and supervision in addition to room and board, as well as uplifting, promoting, and supporting services in a home-based setting.

Services for each resident will be determined by but not limited to Hope, Love & Grace (HLG), case management, family/guardian, and resident when possible. Services offered include Young Men's Christian Association (YMCA) monthly membership, community resources/fieldtrips – grocery stores, sit down restaurant meals, parks, and the community library. Life skills, budgeting education, cooking, baking techniques, on-site arts, and crafts will be offered to residents.

In-home services include but are not limited to verbal and physical assistance with ADL, meal preparation, toileting, transportation to and from medical appointments, and a clean-living environment.

When necessary, behavioral, and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by direct care staff members (DCSMs) trained in the intervention techniques.

The applicant indicated DCSMs will be available 24/7 to assist residents when needed.

The applicant will coordinate and facilitate services for residents such as a visiting physician, onsite physical and occupational therapy, podiatry, X-rays, echocardiogram (EKG), doppler and ultrasound services, as well as onsite blood draws and other specimen collection when needed.

The applicant intends to connect residents with a pharmacy that will deliver residents' medication to the facility which will be dispensed according to physician's orders by qualified DCSMs.

The applicant indicated residents will receive laundry services, three nutritious meals per day, snacks, and phone service.

The applicant indicated scheduled transportation will be provided for Life Enrichment activities in coordination with the resident's Individual Care Plan free of charge. The applicant indicated staff can also assist in finding alternative transportation to and from desired locations at the resident's sole expense.

The facility is in a residential area within the city of Benton Harbor and has restaurants, parks, shopping centers, recreational activities, public library, hospitals, physicians, and

other medical professionals located nearby. These resources can be used to enhance the quality of life and increase the independence of residents living at the facility.

The applicant has a contract with Community Mental Health (CMH) of Ottawa County.

C. Applicant and Administrator Qualifications

The applicant is Hope, Love and Grace, LLC., which is a "Domestic Limited Liability Company", and was established in Michigan, on 03/30/20215. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted an income statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care (AFC) facility.

The members of Hope, Love and Grace, LLC. have submitted documentation appointing Constance Johnson as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mrs. Johnson. Mrs. Johnson submitted a medical clearance with a statement from a licensed physician documenting her good physical and mental health, dated 3/27/26.

Mrs. Johnson has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Johnson has sufficient experience working in the capacity of licensee designee and administrator as she is currently the licensee designee and administrator for two existing AFC facilities in good standing owned by the applicant. Mrs. Johnson possesses the credentials to meet the requirements of licensee designee and administrator. A current licensing record clearance, medical clearance, tuberculosis (TB) test, and communicable disease form are on file for Mrs. Johnson.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of one staff –to- six residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this

facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) 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 the licensee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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

acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 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.

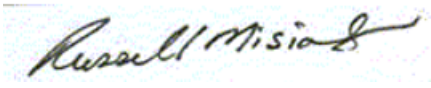
IV. RECOMMENDATION

I recommend issuance of a temporary license and concurrent special certification for developmentally disabled and mentally ill residents to this AFC adult small group home (capacity 1-6).

6/4/26

Rodney Gill — Date
Licensing Consultant

Approved By:



6/5/26

Russell B. Misiak — Date
Area Manager