



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2026

David Paul
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

RE: License #:	AM440380703 Harbor Point-Lapeer 5699 Genesee Road Lapeer, MI 48446
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Dear David Paul:

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. 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 #:	AM440380703
Licensee Name:	Hope Network Behavioral Health Services
Licensee Address:	PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
Licensee Telephone #:	(616) 265-0380
Licensee/Licensee Designee:	David Paul
Administrator:	David Paul
Name of Facility:	Harbor Point-Lapeer
Facility Address:	5699 Genesee Road Lapeer, MI 48446
Facility Telephone #:	(810) 969-4561
Original Issuance Date:	04/08/2016
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/01/2026

Date of Bureau of Fire Services Inspection if applicable: 08/21/2025

Date of Health Authority Inspection if applicable: Needed

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 9

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:
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 400.611	Required information; fee; posting of license; change of information.
	(1) An applicant or licensee shall maintain the following documents: (h) Floor plan of each level and basement of the entire structure, including the interior layout of foster care areas and room descriptions and specifics as to use, the number of beds, and the dimensions of floor space.
At the time of my inspection, I noted that the facility made some changes to the physical plant layout. One of the three full bathrooms was converted to a ½ bathroom, and the washer and dryer were moved into that bathroom. In addition, the medication room was moved to the former laundry room, and the former medication room is now a pantry. The licensee needs to complete and submit a new floor plan indicating the requirements listed above.	
R 400.647	Safety and maintenance of premises.
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
At the time of my inspection, I noted that several of the residents' bedrooms were excessively dirty. All bedroom floors, walls, switch plates, door jams, and doors need to be deep cleaned.	
R 400.655	Bathrooms.
	(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

At the time of my inspection, I noted that the ½ bathroom door was not equipped with positive-latching, non-locking-against-egress hardware. All bathroom doors must be equipped with the proper hardware.	
R 400.665	Food service.
	(5) Refrigerators and freezers must be equipped with thermometers.
At the time of my inspection, I noted that several of the residents had personal refrigerators and some were not equipped with thermometers. All refrigerators and freezers must be equipped with thermometers.	
R 400.665	Food service.
	(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.
At the time of my inspection, I noted the following: • The dishwasher was broken. The dishwasher needs to be repaired or replaced. • The freezer was showing a temperature of between 10 degrees Fahrenheit and 22 degrees Fahrenheit despite being on the lowest setting. The freezer must be kept at 0 degrees Fahrenheit or below. The freezer must be repaired or replaced.	

IV. RECOMMENDATION

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

Susan Hutchinson

July 9, 2026

Susan Hutchinson Licensing Consultant	Date
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