



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 18, 2017

Debra Krajewski  
SouthWest AFC, L.L.C.  
#296  
6026 Kalamazoo Ave., SE  
Kentwood, MI 49508

RE: License #: AM410285333  
**SouthWest AFC**  
**212 56th St. SW**  
**Wyoming, MI 49548**

Dear Ms. Krajewski:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410285333

**Licensee Name:** SouthWest AFC, L.L.C.

**Licensee Address:** #296  
6026 Kalamazoo Ave., SE  
Kentwood, MI 49508

**Licensee Telephone #:** (616) 698-6681

**Licensee/Licensee Designee:** Debra Krajewski, Designee

**Administrator:** Debra Krajewski, Administrator

**Name of Facility:** SouthWest AFC

**Facility Address:** 212 56th St. SW  
Wyoming, MI 49548

**Facility Telephone #:** (616) 534-5870

**Original Issuance Date:** 05/01/2007

**Capacity:** 12

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/17/2017

Date of Bureau of Fire Services Inspection if applicable: 04/11/2017

Date of Health Authority Inspection if applicable: 10/17/2017

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: NA

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Inspection completed after medication passed.
- 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.

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).



10/18/2017

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Toya Zylstra  
Licensing Consultant

Date