



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 4, 2017

Randy and Bonnie Reeves
20544 McAllister Rd
Battle Creek, MI 49016

RE: License #: AM130281778
Reeves Adult Foster Care
20544 McAllister Rd.
Battle Creek, MI 49016

Dear Randy and Bonnie Reeves:

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 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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AM130281778

Licensee Name: Randy and Bonnie Reeves

Licensee Address: 20544 McAllister Rd
Battle Creek, MI 49016

Licensee Telephone #: (269) 962-3628

Licensee/Licensee Designee: Randy and Bonnie Reeves

Administrator: Bonnie Reeves

Name of Facility: Reeves Adult Foster Care

Facility Address: 20544 McAllister Rd.
Battle Creek, MI 49016

Facility Telephone #: (269) 962-3628

Original Issuance Date: 08/23/2006

Capacity: 12

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/03/2017

Date of Bureau of Fire Services Inspection if applicable: 01/23/2017

Date of Health Authority Inspection if applicable: 04/15/2017

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 11
No. of others interviewed 2 Role: Licensees

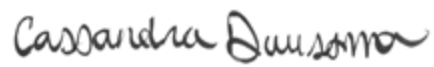
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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.
- 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.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



Cassandra Duursma
Licensing Consultant

Date