



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 16, 2018

Vickie Runyon
Jerry's Dreams Adult Homes
PO Box 1086
Grand Rapids, MI 49501

RE: License #:	AS410269764 Jerry's Dreams #3 1126 W. Leonard Court, NW Walker, MI 49534-6835
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Dear Ms. Runyon:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AS410269764
Licensee Name:	Jerry's Dreams Adult Homes
Licensee Address:	742 Worden S.E. Grand Rapids, MI 49507
Licensee Telephone #:	(616) 293-7198
Licensee/Licensee Designee:	Vickie Runyon, Designee
Administrator:	Vickie Runyon
Name of Facility:	Jerry's Dreams #3
Facility Address:	1126 W. Leonard Court, NW Walker, MI 49534-6835
Facility Telephone #:	(616) 318-0082
Original Issuance Date:	08/23/2005
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/08/2018

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

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 6
No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes No If no, explain. Inspection of resident medications and medication records completed because at the time of the inspection, resident medications were not being administered.
- 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: 204,205,208,301.10,301.4,318.5,401.2,408.4,511.1,403.1 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 6).



05/16/2018

Date

Licensing Consultant