



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 8, 2018

Robin Deerfield  
Thresholds  
Post Office Box 68327  
Grand Rapids, MI 49516-8327

RE: License #: AS410277898  
**56th St. Group Home**  
**751- 56th Street, SE**  
**Kentwood, MI 49548-5807**

Dear Ms. Deerfield:

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**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AS410277898                                     |
| <b>Licensee Name:</b>              | Thresholds                                      |
| <b>Licensee Address:</b>           | 1225 Lake Drive SE<br>Grand Rapids, MI 49506    |
| <b>Licensee Telephone #:</b>       | (616) 455-0960                                  |
| <b>Licensee/Licensee Designee:</b> | Robin Deerfield, Designee                       |
| <b>Administrator:</b>              | Tawnie Sarpong-Mensah                           |
| <b>Name of Facility:</b>           | 56th St. Group Home                             |
| <b>Facility Address:</b>           | 751- 56th Street, SE<br>Kentwood, MI 49548-5807 |
| <b>Facility Telephone #:</b>       | (616) 455-1633                                  |
| <b>Original Issuance Date:</b>     | 11/22/2005                                      |
| <b>Capacity:</b>                   | 6   |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED                        |
| <b>Certified Programs:</b>         | DEVELOPMENTALLY DISABLED                        |

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/08/2018

Date of Bureau of Fire Services Inspection if applicable: 05/08/2018

Date of Environmental/Health Inspection if applicable: 05/08/2018

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 3  
No. of others interviewed NA Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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 regular license and special certification to this AFC adult small group home (capacity 1-6).



05/09/2018

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Toya Zylstra  
Licensing Consultant

Date