



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 17, 2019

Marcia Curtiss  
Homestead Management  
Suite 115  
21800 Haggerty Rd.  
Northville, MI 48167

RE: License #:	AL410092341 Addington Place at East Paris #8 3948 Whispering Way, SE Grand Rapids, MI 49546-5804
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Dear Mrs. Curtiss:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

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**

<b>License #:</b>	AL410092341
<b>Licensee Name:</b>	Homestead Management
<b>Licensee Address:</b>	Suite 115 21800 Haggerty Rd. Northville, MI 48167
<b>Licensee Telephone #:</b>	(616) 949-9500
<b>Licensee/Licensee Designee:</b>	Marcia Curtiss, Designee
<b>Administrator:</b>	Kat Hartley, Administrator
<b>Name of Facility:</b>	Addington Place at East Paris #8
<b>Facility Address:</b>	3948 Whispering Way, SE Grand Rapids, MI 49546-5804
<b>Facility Telephone #:</b>	(616) 949-9500
<b>Original Issuance Date:</b>	12/01/2000
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/30/2019

Date of Bureau of Fire Services Inspection if applicable: 04/16/2019, 07/16/2019

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 15  
No. of others interviewed 2 Role: Admin./Facility Nurse

- 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.  
Staff were preparing for serving a meal during the 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:  
315.3 N/A
- Number of excluded employees followed-up? At the time the exclusion notifications are sent to licensing, follow up is conducted. 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 to this AFC adult large group home (capacity 20).



09/17/2019

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Elizabeth Elliott  
Licensing Consultant

Date