



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 23, 2019

Richard Ebeling
The Agape Home Inc
572 Lake Forest Lane
Muskegon, MI 49441

RE: License #:	AL610091430 The Agape Home 4445 S. Brooks Road Muskegon, MI 49444-9722
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Dear Mr. Ebeling:

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,

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 #:	AL610091430
Licensee Name:	The Agape Home Inc
Licensee Address:	572 Lake Forest Lane Muskegon, MI 49441
Licensee Telephone #:	(231) 206-3096
Licensee/Licensee Designee:	Anne Rorem, Designee
Administrator:	Anne Rorem, Administrator
Name of Facility:	The Agape Home
Facility Address:	4445 S. Brooks Road Muskegon, MI 49444-9722
Facility Telephone #:	(231) 773-0328
Original Issuance Date:	03/15/2001
Capacity:	20
Program Type:	MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/18/2019

Date of Bureau of Fire Services Inspection if applicable: 09/21/2018

Date of Health Authority Inspection if applicable: 05/15/2019

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 17
No. of others interviewed 2 Role: LD & Admin.

- 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (Capacity 20).



09/23/2019

Elizabeth Elliott
Licensing Consultant

Date