



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 12, 2019

Faith Giplaye  
Acare Human Services, Inc.  
3210 Eastern Ave. S.E.  
Grand Rapids, MI 49508

RE: License #: AM410394626  
**Acare Home**  
**2720 44th St. SE**  
**Kentwood, MI 49512**

Dear Mrs. Giplaye:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license and special certification are renewed. The license and special certification 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410394626

**Licensee Name:** Acare Human Services, Inc.

**Licensee Address:** 3210 Eastern Ave. S.E.  
Grand Rapids, MI 49508

**Licensee Telephone #:** (616) 204-4651

**Licensee/Licensee Designee:** Faith Giplaye, Designee

**Administrator:** Faith Giplaye

**Name of Facility:** Acare Home

**Facility Address:** 2720 44th St. SE  
Kentwood, MI 49512

**Facility Telephone #:** (616) 204-4651

**Original Issuance Date:** 07/11/2018

**Capacity:** 12

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/12/2019

Date of Bureau of Fire Services Inspection if applicable: 09/12/2019

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 3  
No. of residents interviewed and/or observed 8  
No. of others interviewed 2 Role: Home Manager and RN

- 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: 01/15/2019, Rule 400.14403 (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 substantial compliance with rules and requirements.

Exit Conference conducted in person with the Licensee Designee, Faith Giplaye.

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and special Certification.

*Arlene B. Smith*

09/12/2019

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Arlene B. Smith  
Licensing Consultant

Date