



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 24, 2021

Billy Walker Jr.  
1300 Adams Ave.  
Muskegon, MI 49442

RE: License #:	AL610302645 Walker House AFC 125 Delaware Muskegon, MI 49442
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Dear Mr. Walker Jr.:

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**

<b>License #:</b>	AL610302645
<b>Licensee Name:</b>	Billy Walker Jr.
<b>Licensee Address:</b>	1300 Adams Ave. Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 777-3644
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Billy Walker, Administrator
<b>Name of Facility:</b>	Walker House AFC
<b>Facility Address:</b>	125 Delaware Muskegon, MI 49442
<b>Facility Telephone #:</b>	(231) 728-3102
<b>Original Issuance Date:</b>	02/28/2011
<b>Capacity:</b>	15
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/18/2021

Date of Bureau of Fire Services Inspection if applicable: 09/22/2021

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 1  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: LD, Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, medications were not due for administration. A review of the MAR and medications was conducted.
- 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.



08/24/2021

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Elizabeth Elliott  
Licensing Consultant

Date