



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 2, 2020

Katherine McQuaid
2713 South 13th
Niles, MI 49120

RE: License #: AF110398405
Keystone Home
2713 South 13th
Niles, MI 49120

Dear Katherine McQuaid:

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 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #:	AF110398405
Licensee Name:	Katherine McQuaid
Licensee Address:	2713 South 13th Niles, MI 49120
Licensee Telephone #:	(269) 684-4332
Licensee/Licensee Designee:	Katherine McQuaid
Administrator:	N/A
Name of Facility:	Keystone Home
Facility Address:	2713 South 13th Niles, MI 49120
Facility Telephone #:	(269) 684-4332
Original Issuance Date:	08/07/2019
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/29/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

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 0
No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes No If no, explain. Provisional Inspection.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain. Provisional Inspection.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Provisional Inspection.
- Meal preparation / service observed? Yes No If no, explain. Provisional Inspection.
- Fire drills reviewed? Yes No If no, explain. Provisional Inspection.
- Fire safety equipment and practices observed? Yes No If no, explain. Provisional Inspection.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain. Provisional Inspection.
- Incident report follow-up? Yes No If no, explain. Provisional Inspection.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 03/29/2020 MCL 400.713 (3) 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 2 year regular adult foster care license.



10/02/2020

Eli DeLeon
Licensing Consultant

Date