



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 17, 2020

Meagan Frye
A Place Called Home In Dowagiac LLC
50253 M51 N
Dowagiac, MI 49047

RE: License #: AM140393406
A Place Called Home In Dowagiac
50253 M51 N
Dowagiac, MI 49047

Dear Ms. Frye:

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
427 East Alcott
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 #: AM140393406

Licensee Name: A Place Called Home In Dowagiac LLC

Licensee Address: 50253 M51 N
Dowagiac, MI 49047

Licensee Telephone #: (269) 876-6523

Licensee/Licensee Designee: Meagan Frye

Administrator: Meagan Frye

Name of Facility: A Place Called Home In Dowagiac

Facility Address: 50253 M51 N
Dowagiac, MI 49047

Facility Telephone #: (269) 783-4585

Original Issuance Date: 07/03/2018

Capacity: 10

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/17/2020

Date of Bureau of Fire Services Inspection if applicable: 12/10/2020

Date of Health Authority Inspection if applicable: 09/03/2020

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

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.
- 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 substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



12/17/2020

Eli DeLeon
Licensing Consultant

Date