

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 9, 2021

Maria Davis 437 Drexel PL Kalamazoo, MI 49007

RE: License #: AS390395682

The Lighthouse AFC 438 Drexel Place Kalamazoo, MI 49007

Dear Ms. Davis:

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,

Ondrea Johnson, Licensing Consultant Bureau of Community and Health Systems

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427 East Alcott

Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

License #: AS390395682

Licensee Name: Maria Davis

Licensee Address: 437 Drexel PL

Kalamazoo, MI 49007

Licensee Telephone #: (269) 348-6217

Licensee Designee: Maria Davis

Administrator: N/A

Name of Facility: The Lighthouse AFC

Facility Address: 438 Drexel Place

Kalamazoo, MI 49007

Facility Telephone #: (269) 348-6217

Original Issuance Date: 03/12/2019

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/7/2021				
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Environmental/Health Inspection if applicable: N/A				
Insp	·	Interview and Observation Combination		
No.	o. of staff interviewed and/or co. of residents interviewed ando. of others interviewed		1 0	
•	Medication pass / simulated pass observed? Yes $oximes$ No $oximes$ 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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes No N/A In 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 emplo	yees followed-up?	N/A 🖂	
•	Variances? Yes ☐ (please	e 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.

Coardor perbona	9/9/2021
Ondrea Johnson Licensing Consultant	Date