



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 13, 2021

Rosalinda and Abraham Joshua
3109 Lawton Drive NE
Grand Rapids, MI 49525

RE: License #: AL410007158
Ramsdell AFC
12471 Ramsdell Drive NE
Rockford, MI 49341

Dear Rosalinda and Abraham Joshua:

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 and special certification are 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 (616) 356-0183.

Sincerely,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #: AL410007158

Licensee Name: Rosalinda and Abraham Joshua

Licensee Address: 3109 Lawton Drive NE
Grand Rapids, MI 49525

Licensee Telephone #: (616) 361-6571

Licensee/Licensee Designee: Abraham Joshua

Administrator: Steve Gerdemen

Name of Facility: Ramsdell AFC

Facility Address: 12471 Ramsdell Drive NE
Rockford, MI 49341

Facility Telephone #: (616) 696-4885

Original Issuance Date: 12/02/1991

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/10/2021

Date of Bureau of Fire Services Inspection if applicable: 10/07/2021, 12/09/2021

Date of Health Authority Inspection if applicable: 11/08/2021

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 10
No. of others interviewed [redacted] Role: [redacted]

- 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

On 11/10/2021 an onsite inspection was completed at the facility. An exit conference was completed with Steve Gerdeman and the facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult large group home (capacity 20).

Megan Aukerman, MSW

12/13/2021

Megan Aukerman
Licensing Consultant

Date