



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 23, 2021

Jack Methric
AH Kentwood Subtenant LLC
6755 Telegraph Road Suite
Bloomfield Hills, MI 48301

RE: License #: AL410397696
AHSL Kentwood Fieldstone
5980 Eastern Ave SE.
Kentwood, MI 49508

Dear Mr. Methric:

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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Grant Sutton".

Grant Sutton, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

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

I. IDENTIFYING INFORMATION

License #: AL410397696

Licensee Name: AH Kentwood Subtenant LLC

Licensee Address: One SeaGate, Suite 1500
Toledo, OH 43604

Licensee Telephone #: (248) 203-1800

Licensee/Licensee Designee: Judith Boven, Designee

Administrator: Rachelle Tran

Name of Facility: AHSL Kentwood Fieldstone

Facility Address: 5980 Eastern Ave SE.
Kentwood, MI 49508

Facility Telephone #: (616) 455-1357

Original Issuance Date: 01/22/2019

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/14/2021

Date of Bureau of Fire Services Inspection if applicable: 10/23/2020

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 3
No. of residents interviewed and/or observed 6
No. of others interviewed 1 Role: Maint.

- 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.
N/A
- 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.

Following the inspection, I completed an exit conference with the licensee designee. The designee concurred with the findings of my inspection.

IV. RECOMMENDATION

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



06/23/2021

Grant Sutton
Licensing Consultant

Date