



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 10, 2021

Marcia Curtiss
MCAP East Paris Opco, LLC
Suite 115
21800 Haggerty Rd.
Northville, MI 48167

RE: License #:	AL410404577 Addington Place of East Paris #3 3980 Whispering Way, SE Grand Rapids, MI 49546
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Dear Mrs. Curtiss:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AL410404577
Licensee Name:	MCAP East Paris Opco, LLC
Licensee Address:	Suite 115 21800 Haggerty Rd. Northville, MI 48167
Licensee Telephone #:	(248) 773-4600
Licensee/Licensee Designee:	Marcia Curtiss, Designee
Administrator:	Marcia Curtiss
Name of Facility:	Addington Place of East Paris #3
Facility Address:	3980 Whispering Way, SE Grand Rapids, MI 49546
Facility Telephone #:	(616) 949-9500
Original Issuance Date:	11/05/2020
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/22/2021

Date of Bureau of Fire Services Inspection if applicable: 02/08/2021

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 4
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Admin-T. Simon

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the renewal inspection, this building is empty for renovation. There are no resident medications to review.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
This building is temporarily empty for renovation.
- 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.
This building is currently empty for renovation.
- Fire drills reviewed? Yes No If no, explain.
This building is currently empty for renovation.
- Fire safety equipment and practices observed? Yes No If no, explain.
The Fire Marshal conducted an inspection and gave an approved rating of this facility.
- 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (Capacity 20).



05/10/2021

Elizabeth Elliott
Licensing Consultant

Date