



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 7, 2021

Anita Anderson
4791 E Mt Garfield Rd
Fruitport, MI 49417

RE: License #: AS700402240
Woodland Gardens Spring Lake
18157 174th Ave
Spring Lake, MI 49456

Dear Ms. Anderson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license 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 cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #:	AS700402240
Licensee Name:	Anita Anderson
Licensee Address:	4791 E Mt Garfield Rd Fruitport, MI 49417
Licensee Telephone #:	(231) 760-3023
Licensee/Licensee Designee:	N/A
Administrator:	Johnnie Hayes
Name of Facility:	Woodland Gardens Spring Lake
Facility Address:	18157 174th Ave Spring Lake, MI 49456
Facility Telephone #:	(616) 935-7250
Original Issuance Date:	07/01/2020
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/15/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

- 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.

I conducted a face-to-face exit conference with the Licensee Anita Anderson and she agreed with my findings.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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

Arlene B. Smith

01/07/2021

Arlene B. Smith
Licensing Consultant

Date