



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 17, 2020

Kristen Selvig  
Byron Center Manor Inc  
2115 - 84th Street SW  
Byron Center, MI 49315

RE: License #: AL410015404  
**Byron Center Manor III**  
**2115 - 84th Street SW**  
**Byron Center, MI 49315**

Dear Mrs. Selvig:

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 large group home license are renewed. The regular 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 #:** AL410015404

**Licensee Name:** Byron Center Manor Inc

**Licensee Address:** 2115 - 84th Street SW  
Byron Center, MI 49315

**Licensee Telephone #:** (616) 878-3300

**Licensee/Licensee Designee:** Kristen Selvig, Designee

**Administrator:** Kristen Selvig

**Name of Facility:** Byron Center Manor III

**Facility Address:** 2115 - 84th Street SW  
Byron Center, MI 49315

**Facility Telephone #:** (616) 878-3300

**Original Issuance Date:** 03/21/1994

**Capacity:** 20

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/17/2020

Date of Bureau of Fire Services Inspection if applicable: 11/19/2020

Date of Health Authority Inspection if applicable: 12/17/2020

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 0

No. of others interviewed 2 Role: Home Manager & Admission Staff

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
There were no residents due to COVID-19
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
There were no residents due to COVID-19.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. The corporation does not manage any residents monies.
- Meal preparation / service observed? Yes  No  If no, explain.  
There were no residents due to COVID-19.
- 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 completed the exit conference with the Licensee Designee, Kristen Selvig at the end the renewal and she agreed with my findings.

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

### IV. RECOMMENDATION

I recommend issuance of a year 2-regular license to this AFC adult large group home capacity 20.

*Arlene B. Smith* 12/17/2020

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Arlene Smith Date  
Licensing Consultant