



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 28, 2022

Sheniko Holiday
1703 Race St.
Kalamazoo, MI 49001

RE: License #: AF390336427
David Dewayne Manor
911 Washington St.
Kalamazoo, MI 49001

Dear Ms. Holiday:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

License #:	AF390336427
Licensee Name:	Sheniko Holiday
Licensee Address:	911 Washington St. Kalamazoo, MI 49001
Licensee Telephone #:	(269) 290-9787
Licensee:	Sheniko Holiday
Administrator:	N/A
Name of Facility:	David Dewayne Manor
Facility Address:	911 Washington St. Kalamazoo, MI 49001
Facility Telephone #:	(269) 459-6454
Original Issuance Date:	04/02/2013
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED AGED

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in non-compliance with the following applicable rules and statutes:

R 400.14407 Resident admission and discharge criteria: resident assessment plan; resident care agreement; home guidelines, fee schedule, physician's instructions; health care appraisal.

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more if necessary.

FINDINGS: Licensee unable to provide updated signatures on written resident care agreement that verifies review of agreement at least annually.

A corrective action plan was requested and approved on 04/28/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Ondrea Johnson
Licensing Consultant

4/28/2022
Date