



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 30, 2022

Connalee Kleck  
631 Three Mile NE  
Grand Rapids, MI 49505

RE: License #: AF410409177  
**Kleck AFC**  
**7411 Grosvenor**  
**Sand Lake, MI 49343**

Dear Mrs. Kleck:

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 family home license and special certification are renewed. The temporary license and special certification 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) 356-010.

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**

<b>License #:</b>	AF410409177
<b>Licensee Name:</b>	Connalee Kleck
<b>Licensee Address:</b>	631 Three Mile NE Grand Rapids, MI 49505
<b>Licensee Telephone #:</b>	(616) 710-9475
<b>Licensee/Licensee Designee:</b>	Connalee Kleck. Licensee
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Kleck AFC
<b>Facility Address:</b>	7411 Grosvenor Sand Lake, MI 49343
<b>Facility Telephone #:</b>	(616) 427-3700
<b>Original Issuance Date:</b>	12/20/2021
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/30/2022

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

Date of Health Authority Inspection if applicable: 07/02/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed 1 Role: Licensee

- 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. They do not accept any resident funds. They had a Resident Funds Part II form completed on payment.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection was not completed at a meal time.
- 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.  
They have not had any in the last six months.
- 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.

The Licensee, Connalee Kleck, 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 license and special certification to this AFC adult family home capacity 3.

*Arlene B. Smith*

06/30/2022

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Arlene B. Smith, MSW  
Licensing Consultant

\_\_\_\_\_  
Date