

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 11, 2022

Adam Frazier Crestwood Manor LLC 5078 Solvel St Kalamazoo, MI 49004

> RE: License #: AS390095233 Crestwood Manor 5078 Solvel Street Kalamazoo, MI 49004

Dear Mr. Frazier:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial 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. 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,

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

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

# I. IDENTIFYING INFORMATION

License #:	AS390095233
Licensee Name:	Crestwood Manor LLC
Licensee Address:	5078 Solvel St Kalamazoo, MI  49004
Licensee Telephone #:	(269) 359-1511
Licensee/Licensee Designee:	Adam Frazier
Administrator:	Adam Frazier
Name of Facility:	Crestwood Manor
Facility Address:	5078 Solvel Street Kalamazoo, MI 49004
Facility Telephone #:	(269) 373-3842
Original Issuance Date:	04/20/2001
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 7/8/2022

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

Date of Health Authority Inspection if applicable: 3/28/2022

Insp	pection Type:	] Interview and Observatior ] Combination	n ⊠ Worksheet □ Full Fire Safety
No.	. of staff interviewed and/or . of residents interviewed and . of others interviewed		2 4
•	Medication pass / simulate	ed pass observed? Yes 🖂	No 🗌 If no, explain.
•	Medication(s) and medica	tion record(s) reviewed? Y	es 🛛 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	d practices observed? Yes	🛛 No 🗌 If no, explain.
•	lf no, explain.	cial Certification Only) Yes ked? Yes ⊠ No ⊡ If no,	
•	Incident report follow-up?	Yes 🛛 No 🗌 If no, expla	ain.
•	Corrective action plan cor N/A 🖂	npliance verified? Yes 🗌	CAP date/s and rule/s:
•	Number of excluded empl	oyees followed-up?	N/A 🖂
•	Variances? Yes 🗌 (pleas	se explain) No 🗌 N/A 🔀	

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements.

#### **IV. RECOMMENDATION**

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

Indrea Johnson

Ondrea Johnson Licensing Consultant

7/11/2022 Date