

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 15, 2022

Pamela Wilkins and Danielle Beville 1308 Jefferson Ave Kalamazoo, MI 49006

RE: License #: AS390407928

Closer To Home 1308 Jefferson Ave Kalamazoo, MI 49006

Dear Pamela Wilkins and Danielle Beville:

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,

Ondrea Johnson, Licensing Consultant

ndreg Ophnson

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 #: AS390407928

Licensee Name: Pamela Wilkins and Danielle Beville

Licensee Address: 306

4409 Clayborne Dr

Kalamazoo, MI 49009

Licensee Telephone #: 269-491-9832

Licensee: Pamela Wilkins and Danielle Beville

Administrator: Pamela Wilkins and Danielle Beville

Name of Facility: Closer To Home

Facility Address: 1308 Jefferson Ave

Kalamazoo, MI 49006

Facility Telephone #: (269) 350-5219

Original Issuance Date: 02/17/2022

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):8/9/2022
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date of Health Authority Inspection if applicable: N/A	
Insp	ection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed O Role: 0
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes No N/A Street No No N/A Street No No N/A N/A No N/A
•	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.

IV. RECOMMENDATION

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

Ondrea Johnson Licensing Consultant

Ondrea Johnson

8/15/2022 Date

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