



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 8, 2022

Renee Kelly  
Cretsinger Care Homes Ltd  
P O Box 279  
Battle Creek, MI 49016-0279

RE: License #: AM130361588  
**Pennfield Premier Living South**  
**632 North Avenue**  
**Battle Creek, MI 49017**

Dear Mrs. Kelly:

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,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM130361588
<b>Licensee Name:</b>	Cretsinger Care Homes Ltd
<b>Licensee Address:</b>	P O Box 279 Battle Creek, MI 49016-0279
<b>Licensee Telephone #:</b>	(269) 964-8292
<b>Licensee/Licensee Designee:</b>	Renee Kelly
<b>Administrator:</b>	Tracy Frey
<b>Name of Facility:</b>	Pennfield Premier Living South
<b>Facility Address:</b>	632 North Avenue Battle Creek, MI 49017
<b>Facility Telephone #:</b>	(269) 282-1992
<b>Original Issuance Date:</b>	09/23/2015
<b>Capacity:</b>	11
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/25/2021 (Nile Khabeiry)

Date of Bureau of Fire Services Inspection if applicable: 11/03/2021

Date of Health Authority Inspection if applicable: N/A

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 6

No. of others interviewed 0 Role: 0

- 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.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- 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 ☐  
08/07/2020 R400.15201(6), 07/06/2020 R400.15201(6), R400.15315(3)  
02/10/2020, R400.15304(1), R400.15304(2)

### 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.



03/08/2022

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Eli DeLeon  
Licensing Consultant

Date