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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 4, 2022

Sheri Loomis Michigan Care, L.L.C. PO Box 139 Battle Creek, MI 49016-0139

RE: License #: AS130292696

Michigan Care 201 North Avenue Battle Creek, MI 49017

Dear Mrs. Loomis:

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,

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

**License #:** AS130292696

**Licensee Name:** Michigan Care, L.L.C.

Licensee Address: P.O. Box 2738

Kalamazoo, MI 49003

**Licensee Telephone #:** (269) 964-8000

Licensee/Licensee Designee: Sheri Loomis

Administrator: Sheri Loomis

Name of Facility: Michigan Care

Facility Address: 201 North Avenue

Battle Creek, MI 49017

**Facility Telephone #:** (269) 962-2399

Original Issuance Date: 01/11/2008

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		08/04/2022	
Dat	te of Bureau of Fire Services Inspection if applicabl	e:	
Dat	te of Health Authority Inspection if applicable:		
Insp	pection Type:	ation ⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  O Role:  O		2 3	
•	Medication pass / simulated pass observed? Yes	s ⊠ No □ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $oxed{oxed}$ No $oxed{oxed}$ 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 ⊠ 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 N/A Number of excluded employees followed-up?	☐ CAP date/s and rule/s:	
•	Variances? Yes ⊠ (please explain) No ☐ N/A 02/10/2020 Rule Variance/Exception Granted-as:		

#### **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.

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Eli DeLeon Licensing Consultant	Date