



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 19, 2022

Priscilla Espinosa
Angels Retirement Home, Corp.
108 Spruce Ave
Holland, MI 49423

RE: License #: AS230407136
Angels Retirement Home, Corp.
10216 Royston Rd.
Grand Ledge, MI 48837

Dear Ms. Espinosa:

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 cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS230407136

Licensee Name: Angels Retirement Home, Corp.

Licensee Address: 108 Spruce Ave
Holland, MI 49423

Licensee Telephone #: (616) 546-5567

Licensee/Licensee Designee: Priscilla Espinosa, Designee

Administrator: Jose Espinosa

Name of Facility: Angels Retirement Home, Corp.

Facility Address: 10216 Royston Rd.
Grand Ledge, MI 48837

Facility Telephone #: (616) 546-6556

Original Issuance Date: 03/09/2022

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/19/2022

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

Date of Health Authority Inspection if applicable: 09/16/2021

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 N/A Role: N/A

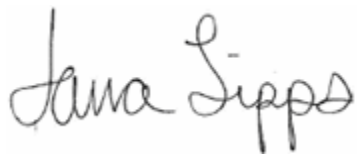
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain. Inspection conducted after the noon meal.
- 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

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 regular license to this AFC adult small group home (capacity 1-6).



08/19/2022

Jana Lipps
Licensing Consultant

Date