



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 1, 2022

Deborah McMichael  
Grandville Friendship Homes, Inc.  
P.O. Box 551  
Grandville, MI 49468

RE: License #: AS410074760  
**Grandville Friendship Home #2**  
**3636 All Pine Court, SW**  
**Grandville, MI 49418-2665**

Dear Ms. McMichael:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410074760
<b>Licensee Name:</b>	Grandville Friendship Homes, Inc.
<b>Licensee Address:</b>	4130 Wilson Avenue Grandville, MI 49418
<b>Licensee Telephone #:</b>	(616) 261-9040
<b>Licensee/Licensee Designee:</b>	Deborah McMichael, Designee
<b>Administrator:</b>	Deborah McMichael
<b>Name of Facility:</b>	Grandville Friendship Home #2
<b>Facility Address:</b>	3636 All Pine Court, SW Grandville, MI 49418-2665
<b>Facility Telephone #:</b>	(616) 261-9040
<b>Original Issuance Date:</b>	03/23/1998
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/01/2022

Date of Bureau of Fire Services Inspection if applicable: 09/01/2022

Date of Health Authority Inspection if applicable: 09/01/2022

Inspection Type: ☐ Interview and Observation ☐ Worksheet  
☒ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Residents not present.
- 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.  
Residents not present.
- 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.

The facility is in compliance with all applicable rules and statutes.

Exit Conference completed onsite 09/01/2022 with Licensee Designee.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).



09/01/2022

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Toya Zylstra  
Licensing Consultant

Date