



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 5, 2022

Joyce Drier  
4520 Van Road  
Levering, MI 49755

RE: License #: AF240294301  
**Hillside Haven**  
**4520 Van Road**  
**Levering, MI 49755**

Dear Ms. Drier:

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, reading "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF240294301
<b>Licensee Name:</b>	Joyce Drier
<b>Licensee Address:</b>	4520 Van Road Levering, MI 49755
<b>Licensee Telephone #:</b>	(231) 539-8281
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Hillside Haven
<b>Facility Address:</b>	4520 Van Road Levering, MI 49755
<b>Facility Telephone #:</b>	(231) 539-8281
<b>Original Issuance Date:</b>	04/07/2008
<b>Capacity:</b>	2
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/04/2022

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

Date of Health Authority Inspection if applicable: 06/15/2022

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee

- 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 ☐

### 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 two-year family home adult foster care license.



10/5/2022

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Adam Robarge  
Licensing Consultant

Date