



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 16, 2022

Teresa Wendt  
HGA Non-Profit Homes Inc.  
917 West Norton  
Muskegon, MI 49441

RE: License #:	AS610012215 Walker Road Home 6646 Walker Road Fruitport, MI 49415-9608
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Dear Ms. Wendt:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS610012215
<b>Licensee Name:</b>	HGA Non-Profit Homes Inc.
<b>Licensee Address:</b>	917 West Norton Muskegon, MI 49441
<b>Licensee Telephone #:</b>	(231) 728-3501
<b>Licensee/Licensee Designee:</b>	Teresa Wendt, Designee
<b>Administrator:</b>	Channe Hicks, Administrator
<b>Name of Facility:</b>	Walker Road Home
<b>Facility Address:</b>	6646 Walker Road Fruitport, MI 49415-9608
<b>Facility Telephone #:</b>	(231) 366-7148
<b>Original Issuance Date:</b>	10/23/1985
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/26/2022

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

Date of Environmental/Health Inspection if applicable: 07/20/2022

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 6  
No. of others interviewed 1 Role: Manager, Darreco Smith

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, resident medications were not being administered.
- 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:  
201(10), 301(4) 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 compliance with rules and requirements. On 10/26/2022, I conducted an exit conference with Darreco Scott, program manager, and Mr. Scott agreed with the information in this report.

#### **IV. RECOMMENDATION**

I recommend issuance of a 2-year adult foster care license and special certification.



10/26/2022

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Elizabeth Elliott  
Licensing Consultant

Date