



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 14, 2022

James Seewald
Amanda Family Inc
6266 Lazy Oak Trail
Muskegon, MI 49442

RE: License #:	AS610012230 Amanda CLF 4021 Amanda Street Muskegon, MI 49444-4368
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Dear Mr. Seewald:

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

License #:	AS610012230
Licensee Name:	Amanda Family Inc
Licensee Address:	6266 Lazy Oak Trail Muskegon, MI 49442
Licensee Telephone #:	(231) 557-8308
Licensee/Licensee Designee:	James Seewald, Designee
Administrator:	James Seewald, Admin
Name of Facility:	Amanda CLF
Facility Address:	4021 Amanda Street Muskegon, MI 49444-4368
Facility Telephone #:	(231) 557-8308
Original Issuance Date:	05/01/1988
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/09/2022

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

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

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: J. Seewald, Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not due to be 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.
At the time of the inspection, a resident meal was not being prepared so an inspection of the food at the facility and a review of the menus was conducted.
- 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 compliance with rules and requirements. On 11/09/2022, an exit conference was conducted with the Licensee Designee, Mr. Seewald. I informed Mr. Seewald the facility is in compliance with AFC rules and requirements and a 2 year license and special certification will be issued.

IV. RECOMMENDATION

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



11/14/2022

Elizabeth Elliott
Licensing Consultant

Date