

February 28, 2022

Drew Kersjes
CMHB Of CEI Counties
Suite 115
812 E Jolly Road
Lansing, MI 48910

RE: License #: AM190008072
Roger G Smith Home
15817 N Turner
Lansing, MI 48906

Dear Mr. Kersjes:

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 and special certification are renewed. They are 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,



Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #:	AM190008072
Licensee Name:	CMHB Of CEI Counties
Licensee Address:	Suite 115 812 E Jolly Road Lansing, MI 48910
Licensee Telephone #:	(517) 346-8200
Licensee/Licensee Designee:	Drew Kersjes
Administrator:	Drew Kersjes
Name of Facility:	Roger G Smith Home
Facility Address:	15817 N Turner Lansing, MI 48906
Facility Telephone #:	(517) 346-8266
Original Issuance Date:	09/26/1990
Capacity:	8
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/28/2022

Date of Bureau of Fire Services Inspection if applicable: 12/08/2021

Date of Environmental/Health Inspection if applicable: 12/08/2021

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed n/a Role: [REDACTED]

- 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.
Worksheet inspection did not occur at meal time
- 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:
7/28/20 for rules 734 (b)(2) and 305 (3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).



10/24/2022

Leslie Herrguth
Licensing Consultant

Date