



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 29, 2022

Kerry Dack
Homecrest Manor, LLC
PO Box 622
Leslie, MI 49251

RE: License #: AL330391868
Homecrest Manor
412 N. Main Street
Leslie, MI 49251

Dear Mr. Dack:

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 have been 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL330391868

Licensee Name: Homecrest Manor, LLC

Licensee Address: 412 N. Main Street
Leslie, MI 49251

Licensee Telephone #: (517) 589-8259

Licensee/Licensee Designee: Kerry Dack, Designee

Administrator: Kerry Dack

Name of Facility: Homecrest Manor

Facility Address: 412 N. Main Street
Leslie, MI 49251

Facility Telephone #: (517) 589-8259

Original Issuance Date: 07/13/2018

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/28/2022

Date of Bureau of Fire Services Inspection if applicable: 6/15/22

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 17
No. of others interviewed 1 Role: Licensee Designee

- 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.
This inspection happened after the lunch meal.
- 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
The variance for Rule al407(4) continues to be applicable to this facility. The variance for Rule al410(5) is no longer applicable to this facility.

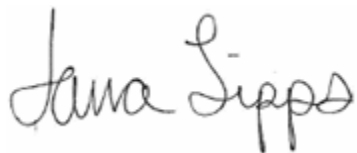
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



12/29/22

Jana Lipps
Licensing Consultant

Date