



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 22, 2020

Wesley Abraham  
10099 Rangeline Road  
Berrien Springs, MI 49103

RE: License #: AF110377894  
**YAHWEH**  
**10099 Rangeline Road**  
**Berrien Springs, MI 49103**

Dear Mr. Abraham:

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,

*Cassandra Duursma*

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5050

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF110377894
<b>Licensee Name:</b>	Wesley Abraham
<b>Licensee Address:</b>	10099 Rangeline Road Berrien Springs, MI 49103
<b>Licensee Telephone #:</b>	(269) 815-5579
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	YAHWEH
<b>Facility Address:</b>	10099 Rangeline Road Berrien Springs, MI 49103
<b>Facility Telephone #:</b>	(269) 815-5579
<b>Original Issuance Date:</b>	12/10/2015
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): Virtual Inspection completed on 05/22/2020 due to emergency procedures relating to COVID-19.

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

Date of Health Authority Inspection if applicable: 02/20/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed **N/A** Role: **N/A**

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- 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.  
Inspection did not occur during mealtime.
- 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.  
Confirmed by Licensee
- 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**

On 05/22/2020, I completed an exit conference with Licensee, Mr. Abraham who did not dispute my findings or recommendations.

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

**IV. RECOMMENDATION**

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

*Cassandra Duursma*

05/22/2020

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Cassandra Duursma  
Licensing Consultant

Date