



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 27, 2023

Timothy Karsen and Denise M. Karsen
386 Forest Hills Ave SE
Grand Rapids, MI 49546

RE: License #: AF410282594
Karsen Home
386 Forest Hills Ave SE
Grand Rapids, MI 49546

Dear Timothy Karsen and Denise M. Karsen:

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. 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,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #:	AF410282594
Licensee Name:	Timothy Karsen and Denise M. Karsen
Licensee Address:	386 Forest Hills Ave SE Grand Rapids, MI 49546
Licensee Telephone #:	(616) 956-8085
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Karsen Home
Facility Address:	386 Forest Hills Ave SE Grand Rapids, MI 49546
Facility Telephone #:	(616) 745-2396
Original Issuance Date:	09/01/2006
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/27/2023

Date of Bureau of Fire Services Inspection if applicable: 01/27/2023

Date of Health Authority Inspection if applicable: 10/26/2022

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 1
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain. Medication passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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 substantial compliance with rules and requirements.

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

Exit conference completed onsite with Licensee Denise Karsen 01/27/2023.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult family home (capacity 1-6).



01/27/2023

Toya Zylstra
Licensing Consultant

Date