



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 22, 2023

Kaitlyn Shaffer  
Centered Care LLC  
15945 Wood Rd  
Lansing, MI 48820

RE: License #: AS190412341  
**Centered Care Turner**  
**14333 Turner Road**  
**Dewitt, MI 48820**

Dear Ms. Shaffer:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS190412341
<b>Licensee Name:</b>	Centered Care LLC
<b>Licensee Address:</b>	15945 Wood Rd Lansing, MI 48820
<b>Licensee Telephone #:</b>	(517) 393-1234
<b>Licensee Designee/Administrator:</b>	Kaitlyn Shaffer
<b>Name of Facility:</b>	Centered Care Turner
<b>Facility Address:</b>	14333 Turner Road Dewitt, MI 48820
<b>Facility Telephone #:</b>	(517) 394-1234
<b>Original Issuance Date:</b>	09/19/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/09/2023

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

Date of Health Authority Inspection if applicable: 06/28/2022

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed Role:

- 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.
- 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

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, capacity of 6.

*Bridget Vermeesch*

02/22/2023

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Bridget Vermeesch  
Licensing Consultant

Date