



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 24, 2023

Miranda Cockrell
CSM Alger Heights, LLC
1019 28th St.
Grand Rapids, MI 49507

RE: License #: AL410398969
Willow Creek - West
1011 28th St. SE
Grand Rapids, MI 49507

Dear Ms. Cockrell:

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,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #: AL410398969

Licensee Name: CSM Alger Heights, LLC

Licensee Address: 1019 28th St.
Grand Rapids, MI 49507

Licensee Telephone #: (616) 258-0268

Licensee/Licensee Designee: Miranda Cockrell

Administrator: Miranda Cockrell

Name of Facility: Willow Creek - West

Facility Address: 1011 28th St. SE
Grand Rapids, MI 49507

Facility Telephone #: (616) 432-3074

Original Issuance Date: 11/02/2020

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/18/2023

Date of Bureau of Fire Services Inspection if applicable: 10/13/2022

Date of Health Authority Inspection if applicable: 04/18/2023

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 10
No. of others interviewed [redacted] 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.
- 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.
Reviewed as received
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
SI 2023A0464028: Rule 312(1)-04/18/2023 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 04/18/2023, an onsite inspection was completed at the facility. An exit conference was completed with licensee designee, Miranda Cockrell and the facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 20).

Megan Aukerman, MSW

04/24/2023

Megan Aukerman
Licensing Consultant

Date