



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 #: AM410384528
Alger Heights - South
1025 28th St. SE
Grand Rapids, MI 49508

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 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 blue ink that reads "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 #: AM410384528

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: Alger Heights - South

Facility Address: 1025 28th St. SE
Grand Rapids, MI 49508

Facility Telephone #: (616) 229-0427

Original Issuance Date: 10/25/2016

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 01/19/2022

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

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

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:
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 conducted 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 2-year regular adult foster care license and special certification (capacity 12).

Megan Aukerman, MSW

04/24/2023

Megan Aukerman
Licensing Consultant

Date