



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 24, 2023

Timothy Van Dyke
Legacy Of Caring, LLC
1302 Warner ST
Whitehall, MI 49461

RE: License #:	AM610400414 Legacy Of Caring 1302 Warner Street Whitehall, MI 49461
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Dear Mr./Ms. Van Dyke:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AM610400414
Licensee Name:	Legacy Of Caring, LLC
Licensee Address:	1302 Warner ST Whitehall, MI 49461
Licensee Telephone #:	(231) 893-8088
Licensee/Licensee Designee:	Timothy Van Dyke, Designee
Administrator:	Timothy Van Dyke, Administrator
Name of Facility:	Legacy Of Caring
Facility Address:	1302 Warner Street Whitehall, MI 49461
Facility Telephone #:	(231) 893-8088
Original Issuance Date:	12/01/2020
Capacity:	10
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/24/2023

Date of Bureau of Fire Services Inspection if applicable: 10/19/2021, 10/19/2022

Date of Health Authority Inspection if applicable: 01/25/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Timothy Van Dyke, Licensee

- 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

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

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (Capacity 10).



05/24/2023

Elizabeth Elliott
Licensing Consultant

Date