



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 30, 2023

Kasandra Counterman
Fessenden Adult Foster Care, LLC
4904 Onsikamme St.
Montague, MI 49437

RE: License #: AM640361441
Fessenden Adult Foster Care
412 Hart Street
Hart, MI 49420

Dear Mrs. Counterman:

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,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #: AM640361441

Licensee Name: Fessenden Adult Foster Care, LLC

Licensee Address: 4904 Onsikamme St.
Montague, MI 49437

Licensee Telephone #: (231) 670-9475

Licensee/Licensee Designee: Kasandra Counterman

Administrator: Kasandra Counterman

Name of Facility: Fessenden Adult Foster Care

Facility Address: 412 Hart Street
Hart, MI 49420

Facility Telephone #: (231) 670-9475

Original Issuance Date: 08/01/2014

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/26/2023

Date of Bureau of Fire Services Inspection if applicable: 04/24/2023

Date of Health Authority Inspection if applicable: 05/26/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 8

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. Funds are not held by the AFC home.
- 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 substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 May 30, 2023

Rebecca Piccard
Licensing Consultant

Date