



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 10, 2023

Rebecka Goodrow  
From The Heart Adult Foster Care, LLC  
2880 South 2 Mile Road  
Bay City, MI 48706

RE: License #: AS090385244  
**From The Heart AFC-Kasemeyer**  
**5395 Kasemeyer Road**  
**Bay City, MI 48706**

Dear Rebecka Goodrow:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The regular license 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 "C. Garza".

Cristina Garza, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 240-2478

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

**I. IDENTIFYING INFORMATION**

**License #:** AS090385244

**Licensee Name:** From The Heart Adult Foster Care, LLC

**Licensee Address:** 2880 South 2 Mile Road  
Bay City, MI 48706

**Licensee Telephone #:** (989) 316-1487

**Licensee/Licensee Designee:** Rebecka Goodrow

**Administrator:** Rebecka Goodrow

**Name of Facility:** From The Heart AFC-Kasemeyer

**Facility Address:** 5395 Kasemeyer Road  
Bay City, MI 48706

**Facility Telephone #:** (989) 295-4168

**Original Issuance Date:** 12/29/2016

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/07/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee Designee

- 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.  
It was not meal time at time of inspection.
- 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 regular license to this AFC adult small group home (capacity 1-6).



7/10/2023

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Cristina Garza  
Licensing Consultant

Date