



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 5, 2023

Laura Esese
Dignified Care LLC
3640 Brambleberry DR NW
Comstock Park, MI 49321

RE: License #: AM410406102
Dignified Care 44th. Street
2720 44th St. SE
Kentwood, MI 49512

Dear Ms. Esese:

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 medium group home license and special certification are renewed. The license and special certification 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor,
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #: AM410406102

Licensee Name: Dignified Care LLC

Licensee Address: 3640 Brambleberry DR Nw
Comstock Park, MI 49321

Licensee Telephone #: (616) 856-9191

Licensee/Licensee Designee: Laura Esese, Designee

Administrator: Laura Esese

Name of Facility: Dignified Care 44th. Street

Facility Address: 2720 44th St. SE
Kentwood, MI 49512

Facility Telephone #: (616) 226-6442

Original Issuance Date: 03/01/2021

Capacity: 12

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

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/30/2023

Date of Bureau of Fire Services Inspection if applicable: 10/11/2022

Date of Health Authority Inspection if applicable: 08/30/2023, completed by
BCAAL staff not the public health department.

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Home Supervisor

- 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 substantial compliance with rules and requirements. The Licensee Designee, Laura Esese, was present for the renewal inspection and she agreed with my findings.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and a special certification.

Arlene B. Smith

09/05/2023

Arlene B. Smith
Licensing Consultant

Date