

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 09, 2023

Debra Krajewski Seventy-Sixth St. AFC LLC #296 6026 Kalamazoo Ave. SE Kentwood, MI 49508

RE: License #: AM410285883

Seventy-Sixth St. AFC LLC 3554 76th St. SE

Caledonia, MI 49316

Dear Ms. Krajewski:

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,

Toya Zylstra, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Joya Zru

Grand Rapids, MI 49503

(616) 333-9702

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

#### I. IDENTIFYING INFORMATION

**License #:** AM410285883

Licensee Name: Seventy-Sixth St. AFC LLC

Licensee Address: #296

6026 Kalamazoo Ave. SE Kentwood, MI 49508

**Licensee Telephone #:** (616) 318-1961

Licensee/Licensee Designee: Debra Krajewski, Designee

Administrator: Debra Krajewski

Name of Facility: Seventy-Sixth St. AFC LLC

Facility Address: 3554 76th St. SE

Caledonia, MI 49316

**Facility Telephone #:** (616) 698-6681

Original Issuance Date: 05/01/2007

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

**AGED** 

#### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	11/09/2023
Date of Bureau of Fire Services Inspection if app	licable: 02/16/2023
Date of Health Authority Inspection if applicable:	07/13/2023
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed N/A Role:	1 3
<ul> <li>Medication pass / simulated pass observed?</li> <li>Medications passed prior to inspection.</li> <li>Medication(s) and medication record(s) reviews</li> </ul>	·
<ul> <li>Resident funds and associated documents reyes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ Meal prepared prior to inspection.</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain.</li> </ul>	☐ No ☑ If no, explain.
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Or If no, explain.</li> <li>Water temperatures checked? Yes ⊠ No [</li> </ul>	. – – –
Incident report follow-up? Yes ⊠ No ☐ If	no, explain.
<ul> <li>Corrective action plan compliance verified?         N/A ⊠</li> <li>Number of excluded employees followed-up</li> </ul>	
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. *Exit conference completed onsite with licensee designee 11/09/2023.* 

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

## IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

11/09/2023

Toya Zylstra Licensing Consultant Date