



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 15, 2023

Garth Hutton  
G&O Enterprise LLC  
5455 S. MLK Blvd.  
Lansing, MI 48911

RE: License #: AL130407342  
**Parkview Residence**  
**1404 Territorial Road W.B**  
**Battle Creek, MI 49015**

Dear Mr. Hutton:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. **To verify your implementation and compliance with this corrective action plan, you are to submit verification of completion of the required corrections below.**

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this AFC adult large group home, capacity of twenty. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

*Kevin L Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-3704  
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License#:** AL130407342

**Licensee Name:** G&O Enterprise LLC

**Licensee Address:** 5455 S. MLK Blvd.  
Lansing, MI 48911

**Licensee Telephone #:** (408) 921-7062

**Licensee/Licensee Designee:** Garth Hutton

**Administrator:** Garth Hutton

**Name of Facility:** Parkview Residence

**Facility Address:** 1404 Territorial Road W.B  
Battle Creek, MI 49015

**Facility Telephone #:** (269) 964-8125

**Original Issuance Date:** 06/24/2021

**Capacity:** 20

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/13/2023

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 0

No. of residents interviewed and/or observed 14

No. of others interviewed 1 Role: 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.  
No meals were served during 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:  
12/13/2023 CAP 408(4) 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 found to be in non-compliance with the following rules:

**R 400.15408 Bedrooms generally.**

**(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.**

At the time of the inspection, eight-bedroom door handles on the second floor were not in compliance with the AFC licensing rules. Each of the door handles did not have nonlocking-against-egress. In accordance with the AFC licensing rules, these eight door handles must be changed to meet the AFC licensing requirements.

A corrective action plan was requested and approved on 12/13/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been written and received on 12/13/2023, verification of completion must still occur by submitting documents of the corrected above violation. However, I recommend renewal of a regular certification for Developmentally Disabled, Mentally ill and Alzheimer's licensee.

*Kevin L. Sellers*

12/15/2023

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Kevin Sellers  
Licensing Consultant

Date