



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 31, 2024

Lisa Sikes
CSM Wyoming LLC
1435 Coit Ave NE
Grand Rapids, MI 49505

RE: License #: AL410414414
Care Cardinal Wyoming Bldg #3
2600 Waldon Woods
Wyoming, MI 49519

Dear Mrs. Sikes:

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 cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
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 #: AL410414414

Licensee Name: CSM Wyoming LLC

Licensee Address: 1435 Coit Ave NE
Grand Rapids, MI 49505

Licensee Telephone #: (616) 308-6915

Licensee/Licensee Designee: Lisa Sikes, Designee

Administrator: Amanda Palmer

Name of Facility: Care Cardinal Wyoming Bldg #3

Facility Address: 2600 Waldon Woods
Wyoming, MI 49519

Facility Telephone #: (616) 308-6915

Original Issuance Date: 08/14/2023

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/30/2024
Date of Bureau of Fire Services Inspection if applicable: 06/01/2024
Date of Health Authority Inspection if applicable: 01/30/2024
No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 10
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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. *Exit Conference completed onsite with Amanda Palmer 01/30/2024.*

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.



01/31/2024

Toya Zylstra
Licensing Consultant

Date