



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 22, 2024

Christina Sanders  
JC Assisted Living II LLC  
Suite 400  
250 Monroe Ave. NW  
Grand Rapids, MI 49503

RE: License #:	AS410417567 JC Assisted Living II 631 3 Mile Rd. NE Grand Rapids, MI 49505
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Dear Ms. Sanders:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410417567
<b>Licensee Name:</b>	JC Assisted Living II LLC
<b>Licensee Address:</b>	Suite 400 250 Monroe Ave. NW Grand Rapids, MI 49503
<b>Licensee Telephone #:</b>	(616)-717-5866
<b>Licensee/Licensee Designee:</b>	Christina Sanders, Designee
<b>Administrator:</b>	Christina Sanders, Administrator
<b>Name of Facility:</b>	JC Assisted Living II
<b>Facility Address:</b>	631 3 Mile Rd. NE Grand Rapids, MI 49505
<b>Facility Telephone #:</b>	(616) 717-5866
<b>Original Issuance Date:</b>	09/07/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/20/2024

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 5  
No. of others interviewed 1 Role: C. Sanders

- 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 compliance with rules and requirements.

#### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 6).



03/22/2024

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Elizabeth Elliott  
Licensing Consultant

Date