



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 13, 2023

Ian Coleman  
Coleman Foundation  
313 S Church St  
Hudson, MI 492471353

RE: License #: AL460007202  
Coleman Foundation Unit A  
313 S. Church Street  
Hudson, MI 49247

Dear Ian Coleman,

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 large group home license is renewed. The license 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL460007202
<b>Licensee Name:</b>	Coleman Foundation
<b>Licensee Address:</b>	313 S Church St Hudson, MI 492471353
<b>Licensee Telephone #:</b>	(517) 448-3101
<b>Licensee Designee:</b>	Ian Coleman, Designee
<b>Name of Facility:</b>	Coleman Foundation Unit A
<b>Facility Address:</b>	313 S. Church Street Hudson, MI 49247
<b>Facility Telephone #:</b>	(517) 448-3101
<b>Original Issuance Date:</b>	
<b>Capacity:</b>	16
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/13/23

Date of Bureau of Fire Services Inspection if applicable: 8/29/23 A-Rating

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 3  
No. of others interviewed 0 Role: [redacted]

- 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.

**IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



11/13/23

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Dwight Forde  
Licensing Consultant

Date