



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 15, 2024

Joseph Mcillwain  
335 Court Street  
Otsego, MI 49078

RE: License #: AF030311994  
River Court AFC  
335 Court Street  
Otsego, MI 49078

Dear Mr. Mcillwain:

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,

*Megan Aukerman, MSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

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

**I. IDENTIFYING INFORMATION**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AF030311994   |
| <b>Licensee Name:</b>              | Joseph Mcillwain & Brandy Vanorder  |
| <b>Licensee Address:</b>           | 335 Court Street<br>Otsego, MI 49078  |
| <b>Licensee Telephone #:</b>       | (269) 694-1274  |
| <b>Licensee/Licensee Designee:</b> | N/A   |
| <b>Administrator:</b>              | Joseph Mcillwain  |
| <b>Name of Facility:</b>           | River Court AFC   |
| <b>Facility Address:</b>           | 335 Court Street<br>Otsego, MI 49078  |
| <b>Facility Telephone #:</b>       | (269) 650-0086  |
| <b>Original Issuance Date:</b>     | 04/04/2011  |
| <b>Capacity:</b>                   | 6   |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>ALZHEIMERS<br>AGED<br>TRAUMATICALLY BRAIN INJURED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/19/2024

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 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] 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

On 04/19/2024, an onsite inspection was completed at the facility. An exit conference was conducted and the facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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



05/15/2024

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Megan Aukerman  
Licensing Consultant

Date