



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 13, 2024

Shequita Brown  
1961 Reynolds  
Muskegon, MI 49440

RE: License #:	AF610417971 Organic Care 1961 Reynolds St. Muskegon, MI 49442
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Dear Ms. Brown:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license and special certification 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>	AF610417971
<b>Licensee Name:</b>	Shequita BROWN
<b>Licensee Address:</b>	1961 Reynolds Muskegon, MI 49440
<b>Licensee Telephone #:</b>	(870) 635-3599
<b>Licensee/Licensee Designee:</b>	Shequita Brown
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Organic Care
<b>Facility Address:</b>	1961 Reynolds St. Muskegon, MI 49442
<b>Facility Telephone #:</b>	(870) 635-3599
<b>Original Issuance Date:</b>	11/21/2023
<b>Capacity:</b>	3
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/10/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 05/10/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

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.
- 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 2-year regular adult foster care family home licensed with special certification.



05/13/2024

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Elizabeth Elliott  
Licensing Consultant

Date