



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 28, 2024

Dawn Carpenter
4051 Chamberlain SE
Grand Rapids, MI 49508

RE: License #: AF410091226
Carpenter Home
4051 Chamberlain Ave, SE
Grand Rapids, MI 49508-2615

Dear Dawn Carpenter:

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) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

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

I. IDENTIFYING INFORMATION

License #:	AF410091226
Licensee Name:	Dawn Carpenter
Licensee Address:	4051 Chamberlain SE Grand Rapids, MI 49508
Licensee Telephone #:	(616) 819-0047
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Carpenter Home
Facility Address:	4051 Chamberlain Ave, SE Grand Rapids, MI 49508-2615
Facility Telephone #:	(616) 819-0047
Original Issuance Date:	08/01/2000
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2024

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 0

No. of residents interviewed and/or observed 1

No. of others interviewed 2 Role: Co-Licensees

- 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.
Not required for family homes.
- 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.
Not required for family homes.
- Incident report follow-up? Yes No If no, explain.
N/A
- 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

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.



May 28, 2024

Ian Tschirhart
Licensing Consultant

Date