



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 13, 2024

Joann Rose Dittmar Caldwell and Leon Glen Caldwell
9003 - 11 Mile Road NE
Rockford, MI 49341

RE: License #: AF410066591
Rockford Country Home
9003 Eleven Mile Road NE
Rockford, MI 49341

Dear Caldwell Joann Rose Dittmar Caldwell and Leon Glen Caldwell:

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 family home license are renewed. The license 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 cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #:	AF410066591
Licensee Name:	Caldwell Joann Rose Dittmar Caldwell and Leon Glen Caldwell
Licensee Address:	9003 - 11 Mile Road NE Rockford, MI 49341
Licensee Telephone #:	(616) 874-7488
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Rockford Country Home
Facility Address:	9003 Eleven Mile Road NE Rockford, MI 49341
Facility Telephone #:	(616) 874-7488
Original Issuance Date:	11/21/1995
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL. AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/12/2024

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

Date of Health Authority Inspection if applicable: 05/20/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 2 Role: Licensee's

- 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. Residents manage their own monies.
- 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.
They did not have any IR's
- 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. Both Licensees were present for the renewal inspection, and they agreed with my findings.

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.

Arlene B. Smith

09/13/2024

Arlene B. Smith
Licensing Consultant

Date