



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 12, 2024

Sarah Padi-Stephens  
5119 Heyboer Ave SE  
Kentwood, MI 49548

RE: License #: AF410418317  
Heyboer AFC Home  
5119 Heyboer Ave SE  
Kentwood, MI 49548

Dear Ms. Padi-Stephens:

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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,

A handwritten signature in blue ink that reads "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>	AF410418317
<b>Licensee Name:</b>	Sarah Padi-Stephens
<b>Licensee Address:</b>	5119 Heyboer Ave SE Kentwood, MI 49548
<b>Licensee Telephone #:</b>	(616) 633-4121
<b>Licensee/Licensee Designee:</b>	Sarah Padi-Stephens
<b>Administrator:</b>	Sarah Padi-Stephens
<b>Name of Facility:</b>	Heyboer AFC Home
<b>Facility Address:</b>	5119 Heyboer Ave SE Kentwood, MI 49548
<b>Facility Telephone #:</b>	(616) 633-4121
<b>Original Issuance Date:</b>	05/20/2024
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/12/2024

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 1

No. of residents interviewed and/or observed 0

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
There are no residents residing in the facility.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
There are no residents residing in the facility.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. There are no residents residing in the facility.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
There are no residents residing in the facility.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
There are no residents residing in the facility.
- 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.  
There are no residents residing in the facility.
- 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 found to be in non-compliance with the following rules:

#### **MCL 400.717**

#### **Provisional license**

**(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.**

**Finding:** The facility was issued a temporary license on 05/20/2024. Since the original issuance, there have not been any residents admitted into the facility, therefore I was unable to determine compliance with quality of care. On 11/12/2024, an onsite inspection was completed at the facility.

**Exit Conference:** Licensee Sarah Padi-Stephens was informed that a provisional licensee would be issued. Ms. Padi-Stephens stated that she understood the reasons for a provisional license and plans on contacting outside agencies for placement. Ms. Padi-Stephens submitted a Corrective Action Plan while onsite and it was approved. Ms. Padi-Stephens stated she accepted the issuance of a Provisional License.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

*Megan Aukerman, MSW*

11/12/2024

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Megan Aukerman

Date

Licensing Consultant