



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 25, 2024

Michelle Jannenga  
Thresholds  
Suite 130  
160 68th St. SW  
Grand Rapids, MI 49548

RE: License #: AS410360988  
**Mayfield**  
**3927 Mayfield NE**  
**Grand Rapids, MI 49525**

Dear Ms. Jannenga:

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 and special certification are 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,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410360988
<b>Licensee Name:</b>	Thresholds
<b>Licensee Address:</b>	Suite 130 160 68th St. SW Grand Rapids, MI 49548
<b>Licensee Telephone #:</b>	(616) 466-5242
<b>Licensee/Licensee Designee:</b>	Michelle Jannenga, Designee
<b>Administrator:</b>	Joshua Hosack
<b>Name of Facility:</b>	Mayfield
<b>Facility Address:</b>	3927 Mayfield NE Grand Rapids, MI 49525
<b>Facility Telephone #:</b>	(616) 361-5491
<b>Original Issuance Date:</b>	06/19/2014
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/20/2024

Date of Bureau of Fire Services Inspection if applicable: 11/20/2024

Date of Environmental/Health Inspection if applicable: 11/20/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Medications passed prior to inspection.
- 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:  
2024A0583056 09/27/2024 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. *Exit Conference completed onsite with administrator J. Hosack.*

The facility is in compliance with all applicable rules and statutes.

#### **IV. RECOMMENDATION**

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



11/25/2024

---

Toya Zylstra  
Licensing Consultant

Date