



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 3, 2024

Larry Anderson
Overlook Home Inc.
12755 Overlook NE
Greenville, MI 48838

RE: License #: AM410070879
Overlook Home
12700 Overlook Drive
Greenville, MI 48838

Dear Mr. Anderson:

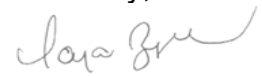
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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) 356-0183.

Sincerely,



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

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

I. IDENTIFYING INFORMATION

License #:	AM410070879
Licensee Name:	Overlook Home Inc.
Licensee Address:	12755 Overlook NE Greenville, MI 48838
Licensee Telephone #:	(616) 691-7258
Licensee/Licensee Designee:	Larry Anderson, Designee
Administrator:	Larry Anderson
Name of Facility:	Overlook Home
Facility Address:	12700 Overlook Drive Greenville, MI 48838
Facility Telephone #:	(616) 691-7258
Original Issuance Date:	03/01/1996
Capacity:	12
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/19/2024
Date of Bureau of Fire Services Inspection if applicable: 02/21/2024
Date of Health Authority Inspection if applicable: 08/14/2024
No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 5
No. of others interviewed N/A Role: [REDACTED]

- 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 substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Finding: On 11/19/2024 a renewal inspection was completed onsite. While onsite, it was observed that licensee designee Larry Anderson and staff April Karwoski have not been tested for communicable tuberculosis within the past three years. A review of records indicated that Mr. Anderson was last tested for TB 07/2019 and Ms. Karwoski was last tested for TB 12/18.

Exit Conference: An exit conference was completed onsite on 11/19/2024 with licensee designee Larry Anderson. Mr. Anderson stated that he agreed with the finding and did submit an acceptable Corrective Action Plan while onsite.

A corrective action plan was requested and approved on 11/19/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Toya Zylstra

12/03/2024

Toya Zylstra
Licensing Consultant

Date