



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 17, 2024

Virginia Ingle
Drews Place Of Coldwater Inc..
300 E. Washington St.
Coldwater, MI 49036

RE: License #: AL120074548
Drews Place Of Coldwater
289 E Perkins Street
Coldwater, MI 49036

Dear Virginia Ingle:

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 large group home license is renewed. The regular license is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AL120074548
Licensee Name:	Drews Place Of Coldwater Inc..
Licensee Address:	300 E. Washington St. Coldwater, MI 49036
Licensee Telephone #:	(517) 398-5333
Licensee Designee:	Virginia Ingle, Designee
Administrator:	Stacy Morgan
Name of Facility:	Drews Place Of Coldwater
Facility Address:	289 E Perkins Street Coldwater, MI 49036
Facility Telephone #:	(517) 278-9400
Original Issuance Date:	03/17/1997
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/10/24

Date of Bureau of Fire Services Inspection if applicable: 9/12/23 A-Rating

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

3

No. of residents interviewed and/or observed

15

No. of others interviewed

0

Role:

- 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.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



7/17/24

Dwight Forde
Licensing Consultant

Date