

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 17, 2024

Donald Cross Adapt St. Joe, Inc. 907 N. Clay Sturgis, MI 49091

RE: License #: AL120091717

Westbrook Home 505 W. Chicago St. Bronson, MI 49028

Dear Donald Cross:

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,

Dwight Forde, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AL120091717

Licensee Name: Adapt St. Joe, Inc.

Licensee Address: 907 N. Clay

Sturgis, MI 49091

Licensee Telephone #: (517) 279-7531

Licensee Designee: Donald Cross

Administrator: Angela Snyder

Name of Facility: Westbrook Home

Facility Address: 505 W. Chicago St.

Bronson, MI 49028

Facility Telephone #: (517) 369-1351

Original Issuance Date: 06/01/2000

Capacity: 16

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	of On-site Inspection(s): 7/17/24
Date	of Bureau of Fire Services Inspection if applicable: 11/16/23 A-Rating
Date	of Health Authority Inspection if applicable: N/A
No. o	f staff interviewed and/or observed f residents interviewed and/or observed f others interviewed Role:
• N	Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.
• N	Medication(s) and medication record(s) reviewed? Yes $oxtime oxtime ox oxtime ox ox oxtime ox ox ox ox ox ox ox ox ox ox$
Υ	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.
• F	Fire drills reviewed? Yes 🗵 No 🔲 If no, explain.
• F	Fire safety equipment and practices observed? Yes 🗵 No 🗌 If no, explain.
I1	E-scores reviewed? (Special Certification Only) Yes No N/A N/A no, explain. Vater temperatures checked? Yes No If no, explain.
• li	ncident 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
	/ariances? 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

Dw. Juda

Date