



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 12, 2025

Kimberly Wozniak, Licensee Designee
Wyoming Care Operations, LLC
1435 Coit Ave NE
Grand Rapids, MI 49505

RE: License #: AL410418564
**Wyoming Woods #1
Suite1
2466 Waldon Woods Dr. SW
WYOMING, MI 49519**

Dear Ms. Wozniak:

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 are renewed. The license 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) 356-0100.

Sincerely,

Arlene B. Smith

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License#: AL410418564

Licensee Name: Wyoming Care Operations, LLC

Licensee Address: 1435 Coit Ave NE
Grand Rapids, MI 49505

Licensee Telephone #: (616) 900-9717

Licensee/Licensee Designee: Kimberly Wozniak, Designee

Administrator: Rebecca Jiggins

Name of Facility: Wyoming Woods #1

Facility Address: Suite1
2466 Waldon Woods Dr. SW
WYOMING, MI 49519

Facility Telephone #: (616) 900-9717

Original Issuance Date: 08/13/2024

Capacity: 14

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2025

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 6
No. of residents interviewed and/or observed 10
No. of others interviewed 1 Role: Administrator

- 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. They do not manage any resident monies.
- 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. They did not have any.
- 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.

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

IV. RECOMMENDATION

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

Arlene B. Smith

02/12/25

Arlene B. Smith
Licensing Consultant

Date