



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 2, 2025

Timothy Van Dyke  
Legacy Of Caring, LLC  
1302 Warner ST  
Whitehall, MI 49461

RE: License #:	AM610400414 Legacy Of Caring 1302 Warner Street Whitehall, MI 49461
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Dear Mr./Ms. Van Dyke:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license is renewed. It 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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM610400414
<b>Licensee Name:</b>	Legacy Of Caring, LLC
<b>Licensee Address:</b>	1302 Warner ST Whitehall, MI 49461
<b>Licensee Telephone #:</b>	(231) 893-8088
<b>Licensee/Licensee Designee:</b>	Timothy Van Dyke, Designee
<b>Administrator:</b>	Timothy Van Dyke, Administrator
<b>Name of Facility:</b>	Legacy Of Caring
<b>Facility Address:</b>	1302 Warner Street Whitehall, MI 49461
<b>Facility Telephone #:</b>	(231) 893-8088
<b>Original Issuance Date:</b>	12/01/2020
<b>Capacity:</b>	10
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/30/2025

Date of Bureau of Fire Services Inspection if applicable: 10/08/2024

Date of Health Authority Inspection if applicable: 01/16/2025

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: T. Van Dyke, Licensee/Admin.

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, resident medications were not being administered so a review of medications and MAR was conducted.
- 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 compliance with rules and requirements.

**IV. RECOMMENDATION**

I recommend the issuance of a 2-year regular adult foster care license (capacity 10).



05/02/2025

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Elizabeth Elliott  
Licensing Consultant

Date