



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 02, 2025

Angelia Sams
3051 Lowry Ct SE
Kentwood, MI 49512

RE: License #: AF410418867
Caring Your Way LLC
3051 Lowry Ct SE
Kentwood, MI 49512

Dear Ms. Sams:

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 family home license and your Special Certification 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,

A handwritten signature in cursive script that reads "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 #:	AF410418867
Licensee Name:	Angelia Sams
Licensee Address:	3051 Lowry Ct SE Kentwood, MI 49512
Licensee Telephone #:	(231) 329-3153
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Caring Your Way LLC
Facility Address:	3051 Lowry Ct SE Kentwood, MI 49512
Facility Telephone #:	(231) 329-3153
Original Issuance Date:	12/02/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/30/2025

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 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

- 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? 1 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 Licensee agreed with my findings.

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

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care Family Home License and Special Certification.

Arlene B. Smith

06/02/2025

Arlene B. Smith
Licensing Consultant

Date