



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2025

Alicia and Steve Cushway
9578 Deer Way Court
Allendale, MI 49401

RE: License #:	AF700337051 Fairview AFC 9578 Deerway Ct. Allendale, MI 49401
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Dear Alicia and Steve:

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
Unit 13, 7th Floor
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

License #:	AF700337051
Licensee Name:	Alicia Cushway and Steve Cushway
Licensee Address:	9578 Deer Way Court Allendale, MI 49401
Licensee Telephone #:	(616) 895-6842
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Fairview AFC
Facility Address:	9578 Deerway Ct. Allendale, MI 49401
Facility Telephone #:	(616) 895-6842
Original Issuance Date:	02/20/2013
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/23/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 04/21/2025

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: Licensees

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
At the time of the inspection, all residents were in day programming and medications were not being administered.
- 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. The licensees do not handle resident funds, we reviewed information re: Resident Funds I&II.
- 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. An exit conference was conducted with Alicia and Steve Cushway, I informed them the license for their AFC Family Home will be renewed with a 2-year regular license.

IV. RECOMMENDATION

I recommend the issuance of a 2-year regular adult foster care license (Capacity 6).



07/23/2025

Elizabeth Elliott
Licensing Consultant

Date