



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 15, 2025

Manda Diskin  
48522 44th Ave.  
Lawrence, MI 49064

RE: License #: AF800418676  
Megan's Place  
48522 44th Ave.  
Lawrence, MI 49064

Dear Licensee Designee:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It 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 (517) 335-5985.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF800418676
<b>Licensee Name:</b>	Manda Diskin
<b>Licensee Address:</b>	48522 44th Ave. Lawrence, MI 49064
<b>Licensee Telephone #:</b>	(269) 830-1529
<b>Licensee/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Megan's Place
<b>Facility Address:</b>	48522 44th Ave. Lawrence, MI 49064
<b>Facility Telephone #:</b>	(269) 830-1529
<b>Original Issuance Date:</b>	01/14/2025
<b>Capacity:</b>	2
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/7/25

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 7/30/24 A-Rating

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed N/A Role:

- 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.  
The temperature was measured to be 116 degrees.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
No incident reports required for review.
- 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.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and special certification.



7/11/25

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Kristy Duda  
Licensing Consultant

Date