



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 28, 2025

Joyce Sihotang  
Loving Care Foster Homes, LLC  
625 St. Joseph Ave  
Berrien Springs, MI 49103

RE: License #: AL110315890  
**Harvest Home**  
**625 St. Joseph Avenue**  
**Berrien Springs, MI 49103**

Dear Ms. Sihotang:

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 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,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
[gillr@michigan.gov](mailto:gillr@michigan.gov)  
(517)980-1433

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL110315890
<b>Licensee Name:</b>	Loving Care Foster Homes, LLC
<b>Licensee Address:</b>	625 St. Joseph Ave Berrien Springs, MI 49103
<b>Licensee Telephone #:</b>	(269) 473-2700
<b>Licensee Designee:</b>	Joyce Sihotang
<b>Administrator:</b>	Joyce Sihotang
<b>Name of Facility:</b>	Harvest Home
<b>Facility Address:</b>	625 St. Joseph Avenue Berrien Springs, MI 49103
<b>Facility Telephone #:</b>	(269) 473-2700
<b>Original Issuance Date:</b>	02/21/2013
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/28/2025

Date of Bureau of Fire Services Inspection if applicable: 07/23/2025, 09/10/2024, 10/11/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Licensee designee

- 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? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.



7/28/25

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Rodney Gill  
Licensing Consultant

Date