



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 18, 2025

Kimberly Wozniak  
Byron Center Care Operations, LLC  
1435 Coit Ave NE  
Grand Rapids, MI 49505

RE: License #: AL410418571  
**Byron Manor #4**  
**Suite 4**  
**2115 84th Street SW**  
**Byron Center, MI 49315**

Dear Mrs. Wozniak:

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 large group home license 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 #:** AL410418571

**Licensee Name:** Byron Center Care Operations, LLC

**Licensee Address:** 1435 Coit Ave NE  
Grand Rapids, MI 49505

**Licensee Telephone #:** (616) 878-3300

**Licensee/Licensee Designee:** Kimberly Wozniak, Designee

**Administrator:** Bryan Cramer

**Name of Facility:** Byron Manor #4

**Facility Address:** Suite 4  
2115 84th Street SW  
Byron Center, MI 49315

**Facility Telephone #:** (616) 878-3300

**Original Issuance Date:** 09/19/2024

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/18/2025

Date of Bureau of Fire Services Inspection if applicable: 10/16/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Administrator

- 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. They do not manage any resident funds
- 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

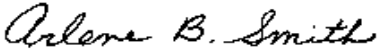
**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements. The administrator was present for the renewal inspection and he 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 license.



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Arlene B. Smith  
Licensing Consultant

03/18/2025  
Date