



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 4, 2025

Billy Walker Jr.
1300 Adams Ave.
Muskegon, MI 49442

RE: License #:	AL610302645 Walker House AFC 125 Delaware Muskegon, MI 49442
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Dear Mr. Walker Jr.:

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
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 #:	AL610302645
Licensee Name:	Billy Walker Jr.
Licensee Address:	1300 Adams Ave. Muskegon, MI 49442
Licensee Telephone #:	(231) 777-3644
Licensee/Licensee Designee:	Billy Walker Jr.
Administrator:	Billy Walker Jr.
Name of Facility:	Walker House AFC
Facility Address:	125 Delaware Muskegon, MI 49442
Facility Telephone #:	(231) 728-3102
Original Issuance Date:	02/28/2011
Capacity:	15
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 09/10/2024

Date of Health Authority Inspection if applicable: 07/28/2025

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: B. Walker Jr. Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, there were no residents in the facility, no resident medications due for administration. A review of the MAR and medications was conducted.
- 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

This facility was determined to be in compliance with rules and requirements. I conducted an exit conference with Mr. Walker on 07/28/2025 and informed him the license for this facility would be renewed.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (Capacity 15).



08/04/2025

Elizabeth Elliott
Licensing Consultant

Date