



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 28, 2025

Bruce Feirick
BL&J Home Services LLC
3818 Byron Center ave.
Wyoming, MI 49519

RE: License #: AS410311880
Dodd AFC #2
3818 Byron Center Ave.
Wyoming, MI 49519

Dear Mr. Feirick:

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. 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 'Cassandra Duursma'.

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W., Unit 13
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #:	AS410311880
Licensee Name:	BL&J Home Services LLC
Licensee Address:	3818 Byron Center Ave Wyoming, MI 49519
Licensee Telephone #:	(616) 916-4385
Licensee Designee:	Bruce Feirick
Administrator:	Bruce Feirick
Name of Facility:	Dodd AFC #2
Facility Address:	3818 Byron Center Ave. Wyoming, MI 49519
Facility Telephone #:	(616) 647-5081
Original Issuance Date:	03/01/2011
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/28/25

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
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.
Residents were in the community so meal service did not occur, kitchen inspected and food source discussed.
- 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.

On 8/28/25, I completed an exit conference with Mr. Feirick. Consultation was provided on annual forms, licensee designee/administrator requirements, and the upcoming ruleset changes. Mr. Feirick did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

Cassandra Duursma

8/28/25

Cassandra Duursma
Licensing Consultant

Date