



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 28, 2025

Michael Townsend
61 Diamond Avenue NE
Grand Rapids, MI 49503

RE: License #: AS410418699
Michael's Refuge
722 Eastern Avenue SE
Grand Rapids, MI 49507

Dear Michael Townsend:

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 will be issued once the necessary application materials are received. Your license is valid only at your present address and is non-transferable.

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 "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 #:	AS410418699
Licensee Name:	Michael Townsend
Licensee Address:	61 Diamond Avenue NE Grand Rapids, MI 49503
Licensee Telephone #:	(616) 516-6621
Licensee Designee:	Michael Townsend
Administrator:	Michael Townsend
Name of Facility:	Michael's Refuge
Facility Address:	722 Eastern Avenue SE Grand Rapids, MI 49507
Facility Telephone #:	(616) 481-2423
Original Issuance Date:	03/03/2025
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/27/25

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 2

No. of others interviewed 1 Role: Administration

- 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 home is in compliance with all applicable rules and statutes.

On 8/27/25, I completed an exit conference with Mr. Mark Townsend who facilitated the renewal on behalf of Mr. Michael Townsend. Consultation was provided regarding employee files, resident files, general home records, and physical plant. He did not dispute my findings or recommendations and agreed to discuss them with Mr. Michael Townsend.

On 8/28/25, I sent an email to Mr. Michael Townsend documenting the consultation provided to Mr. Mark Townsend. He did not dispute my findings or recommendations at the time of license issuance.

IV. RECOMMENDATION

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

Cassandra Duursma

8/28/25

Cassandra Duursma
Licensing Consultant

Date