



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 17, 2025

Felicia White  
Comforting Care Home LLC  
1770 Gentian Dr Se  
Grand Rapids, MI 49508

RE: License #:	AS610418455 Comforting Care Home LLC 914 S Hilton Park Place Muskegon, MI 49442
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Dear Ms. White:

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**

<b>License #:</b>	AS610418455
<b>Licensee Name:</b>	Comforting Care Home LLC
<b>Licensee Address:</b>	1770 Gentian Dr Se Grand Rapids, MI 49508
<b>Licensee Telephone #:</b>	(616) 745-1407
<b>Licensee/Licensee Designee:</b>	Felicia White, Designee
<b>Administrator:</b>	Felicia White
<b>Name of Facility:</b>	Comforting Care Home LLC
<b>Facility Address:</b>	914 S Hilton Park Place Muskegon, MI 49442
<b>Facility Telephone #:</b>	(616) 745-1407
<b>Original Issuance Date:</b>	03/26/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/16/2025

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

Date of Health Authority Inspection if applicable: 06/06/2024

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 1  
No. of others interviewed 1 Role: Licensee, F. White

- Medication pass / simulated pass observed? Yes  No  If no, explain. At the time of the inspection, resident medications were not due to be administered. A review of the resident MAR and medications was reviewed.
- 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.

**IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license (capacity 6).



09/17/2025

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Elizabeth Elliott  
Licensing Consultant

Date