



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 9, 2025

Katie Edwards
Cliffside Company
3905 Lorraine Path
St. Joseph, MI 49085

RE: License #: AL110306606
Fullerton House
3905 Lorrain Path
St. Joseph, MI 49085

Dear Ms. Edwards:

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 "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517) 980-1433

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

I. IDENTIFYING INFORMATION

License #: AL110306606

Licensee Name: Cliffside Company

Licensee Address: 3905 Lorraine Path
St. Joseph, MI 49085

Licensee Telephone #: (947) 282-7555

Licensee/Licensee Designee: Katie Edwards

Administrator: Katie Edwards

Name of Facility: Fullerton House

Facility Address: 3905 Lorrain Path
St. Joseph, MI 49085

Facility Telephone #: (269) 363-1906

Original Issuance Date: 06/11/2012

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/8/25

Date of Bureau of Fire Services Inspection if applicable: 11/4/25, 9/22/25, 11/12/24, 9/25/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 10
No. of others interviewed 2 Role: Licensee Designee/Maintenance

- 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
Facility uses their own Assessment Plan / Electronic Funds II Form.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 12/8/25, I conducted an exit conference with Ms. Edwards. Consultation was provided regarding physical plant items. The facility was determined to be in substantial compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



12/9/25

Rodney Gill
Licensing Consultant

Date