



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 10, 2025

Stephanie Riley
Valley Residential Serv Inc.
P O Box 186
St Charles, MI 486550186

RE: License #: AS670012827
Reed City Home
731 Stoney Creek Dr
Reed City, MI 49677

Dear Stephanie Riley:

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 and special certification 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 red ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AS670012827

Licensee Name: Valley Residential Serv Inc.

Licensee Address: 300 S Saginaw
St. Charles, MI 48655

Licensee Telephone #: (231) 580-5204

Licensee Designee: Stephanie Riley

Administrator: Sara Vallette

Name of Facility: Reed City Home

Facility Address: 731 Stoney Creek Dr
Reed City, MI 49677

Facility Telephone #: (231) 832-4642

Original Issuance Date: 05/30/1991

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/09/2025

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: ORR

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

On December 9, 2025, I provided Administrator Sara Vallette with an exit conference. I explained my findings as stated above. Ms. Vallette noted she understood the finding had no additional information to provide, nor questions to ask concerning this renewal inspection.

IV. RECOMMENDATION

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



December 10, 2025

Bruce A. Messer
Licensing Consultant

Date