



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 21, 2026

Stephanie Yancer
JSY Elder Care
Lot 262
10450 6 Mile Rd.
Battle Creek, MI 49014

RE: License #: AS130417977
Creekside Elder Care
14193 6 1/2 Mile Rd.
Battle Creek, MI 49014

Dear Mrs. Yancer:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license 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,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

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

I. IDENTIFYING INFORMATION

License#: AS130417977

Licensee Name: JSY Elder Care

Licensee Address: Lot 262
10450 6 Mile Rd.
Battle Creek, MI 49014

Licensee Telephone #: (269) 986-3496

Licensee Designee: Stephanie Yancer

Administrator: Stephanie Yancer

Name of Facility: Creekside Elder Care

Facility Address: 14193 6 1/2 Mile Rd.
Battle Creek, MI 49014

Facility Telephone #: (269) 986-3494

Original Issuance Date: 10/31/2023

Capacity: 6

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/21/2026

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

Date of Health Authority Inspection if applicable: 12/17/2025

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee

- 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.
No meals served during inspection.
- 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.

IV. RECOMMENDATION

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

Kevin L. Sellers

4/21/26

Kevin Sellers
Licensing Consultant

Date