



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 9, 2026

Shequita Brown
1961 Reynolds
Muskegon, MI 49440

RE: License #:	AF610417971 Organic Care 1961 Reynolds St. Muskegon, MI 49442
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Dear Ms. Brown:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. 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

License #:	AF610417971
Licensee Name:	Shequita Brown
Licensee Address:	1961 Reynolds Muskegon, MI 49440
Licensee Telephone #:	(870) 635-3599
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Organic Care
Facility Address:	1961 Reynolds St. Muskegon, MI 49442
Facility Telephone #:	(870) 635-3599
Original Issuance Date:	11/21/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/15/2026

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

Date of Health Authority Inspection if applicable: 05/15/2026

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: S. Brown, Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
At the time of the inspection, medications were not being administered to residents. A review of the MAR and the medications at the facility was conducted.
- 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 and special certification.

A handwritten signature in cursive script that reads "Elizabeth Elliott".

06/09/2026

Elizabeth Elliott
Licensing Consultant

Date