



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 17, 2026

Julie Stevens
6191 N Riverview
Kalamazoo, MI 49004

RE: License #: AF390417954
The Homestead
6191 N Riverview
Kalamazoo, MI 49004

Dear Ms. Stevens:

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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #:	AF390417954
Licensee Name:	Julie Stevens
Licensee Address:	6191 N Riverview Kalamazoo, MI 49004
Licensee Telephone #:	(269) 599-4809
Licensee/Licensee Designee:	Julie Stevens
Administrator:	Julie Stevens
Name of Facility:	The Homestead
Facility Address:	6191 N Riverview Kalamazoo, MI 49004
Facility Telephone #:	(269) 599-4809
Original Issuance Date:	12/08/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/03/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: 02/24/2026

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: 0

- 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

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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

 .06/18/2026

Eli DeLeon
Licensing Consultant

Date