



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 17, 2017

Nigel Jordon  
Above and Beyond Care, LLC  
3287 Stormy Creek Dr., SE  
Kentwood, MI 49512

RE: License #: **AS410311728**  
**Above and Beyond Care LLC**  
**3287 Stormy Creek Dr. SE**  
**Kentwood, MI 49512**

Dear Mr. Jordon:

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,

*Megan Aukerman, MSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410311728

**Licensee Name:** Above and Beyond Care, LLC

**Licensee Address:** 3287 Stormy Creek Dr., SE  
Kentwood, MI 49512

**Licensee Telephone #:** (508) 203-0654

**Licensee/Licensee Designee:** Nigel Jordon, Designee

**Administrator:** Nigel Jordon, Designee

**Name of Facility:** Above and Beyond Care LLC

**Facility Address:** 3287 Stormy Creek Dr. SE  
Kentwood, MI 49512

**Facility Telephone #:** (508) 203-0654

**Original Issuance Date:** 01/12/2011

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/12/2017

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- 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. Do not manage resident funds.
- Meal preparation / service observed? Yes  No  If no, explain.  
Residents were at day programs and had already eaten breakfast.
- 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.  
Reviewed upon receipt.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
AS 305 (1) 11/28/2017 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 regular license and special certification to this AFC adult small group home (capacity 1-6).

*Megan Aukerman, MSW*

7/17/2017

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Megan Aukerman  
Licensing Consultant

Date