



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 16, 2018

Nigel Jordon
5502 Kalamazoo Ave. SE
Kentwood, MI 49508

RE: License #: AF410390302
Above & Beyond Care
5502 Kalamazoo Ave. SE
Kentwood, MI 49508

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 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) 356-0183.

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 #:	AF410390302
Licensee Name:	Nigel Jordon
Licensee Address:	5502 Kalamazoo Ave. SE Kentwood, MI 49508
Licensee Telephone #:	(508) 203-0654
Licensee/Licensee Designee:	N/A
Administrator:	Nigel Jordon
Name of Facility:	Above & Beyond Care
Facility Address:	5502 Kalamazoo Ave. SE Kentwood, MI 49508
Facility Telephone #:	(508) 203-0654
Original Issuance Date:	10/18/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/13/2018

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 1
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain. Does not manage resident medications.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain. Does not manager resident medications.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Does not manage resident funds.
- 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

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I recommend issuance of a temporary license to this AFC adult family home (capacity 6).

Megan Aukerman, MSW

4/16/2018

Megan Aukerman
Licensing Consultant

Date