



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 20, 2018

Barry Bruns  
HomeLife Inc  
PMB #360  
5420A Beckley Rd.  
Battle Creek, MI 49015

RE: License #: AM030387355  
**318 E. Hammond Street AFC**  
**318 E. Hammond Street**  
**Otsego, MI 49078**

Dear Mr. Bruns:

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 with 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) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

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

**I. IDENTIFYING INFORMATION**

**License #:** AM030387355

**Licensee Name:** HomeLife Inc

**Licensee Address:** 3 Heritage Oak Lane  
Battle Creek, MI 49015

**Licensee Telephone #:** (269) 660-0854

**Licensee/Licensee Designee:** Barry Bruns

**Administrator:** Barry Bruns

**Name of Facility:** 318 E. Hammond Street AFC

**Facility Address:** 318 E. Hammond Street  
Otsego, MI 49078

**Facility Telephone #:** (269) 694-1601

**Original Issuance Date:** 10/30/2017

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/20/2018

Date of Bureau of Fire Services Inspection if applicable: 10/27/2017

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 4

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee Designee

- 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.  
Not mealtime. Consultant asked staff questions; inspected kitchen.
- 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 regular license to this AFC adult medium group home (capacity 7-12).



April 20, 2018

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Ian Tschirhart  
Licensing Consultant

Date