



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 11, 2018

Marcia Curtiss
Lifeshouse Crystal Manor Operations LLC
Suite 115
21800 Haggerty Rd.
Northville, MI 48167

RE: License #: AL410302932
Addington Place of Grand Rapids Bay Pointe
1171 68th Street S.E.
Grand Rapids, MI 49508

Dear Mrs. Curtiss:

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,

A handwritten signature in black ink that reads "Grant Sutton".

Grant Sutton, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

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

I. IDENTIFYING INFORMATION

License #: AL410302932

Licensee Name: Lifehouse Crystal Manor Operations LLC

Licensee Address: Suite 115
21800 Haggerty Rd.
Northville, MI 48167

Licensee Telephone #: (616) 262-1792

Licensee/Licensee Designee: Marcia Curtiss, Designee

Administrator: Marcia Curtiss

Name of Facility: Addington Place of Grand Rapids Bay Pointe

Facility Address: 1171 68th Street S.E.
Grand Rapids, MI 49508

Facility Telephone #: (616) 281-8054

Original Issuance Date: 04/05/2010

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/11/2018

Date of Bureau of Fire Services Inspection if applicable: 02/12/2018

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 3

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: 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 meal time
- 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.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? 6 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 to this AFC adult large group home (capacity 20).



09/11/2018

Grant Sutton
Licensing Consultant

Date