



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 10, 2019

Shane Metzger  
Davids House Inc  
2390 Banner Drive S.W.  
Wyoming, MI 49509

RE: License #: AM410008784  
**Davids House**  
**2390 Banner Drive, SW**  
**Wyoming, MI 49509-1930**

Dear Mr. Metzger:

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) 356-0100.

Sincerely,

*Arlene B. Smith*

Arlene B. Smith, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410008784

**Licensee Name:** Davids House Inc

**Licensee Address:** 2390 Banner Drive SW  
Wyoming, MI 49509

**Licensee Telephone #:** (616) 247-7861

**Licensee/Licensee Designee:** Shane Metzger, Designee

**Administrator:** Cami Valdez

**Name of Facility:** Davids House

**Facility Address:** 2390 Banner Drive, SW  
Wyoming, MI 49509-1930

**Facility Telephone #:** (616) 247-7861

**Original Issuance Date:** 01/30/1990

**Capacity:** 10

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

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/10/2019

Date of Bureau of Fire Services Inspection if applicable: 12/17/2018

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 2  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Home Manager

- 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 at the time of this inspection.

The facility is in compliance with all applicable rules and statutes and the time of this inspection.

**IV. RECOMMENDATION**

I recommend issuance of a 2-year regular license to this AFC adult medium group home capacity 10.

*Arlene B. Smith*

05/10/2019

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Arlene B. Smith  
Licensing Consultant

Date