



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 6, 2019

Shane Metzger
David's House Ministries
2390 Banner Dr.
Wyoming, MI 49509

RE: License #: AS410314820
House 4
2375 Banner Dr. SW
Wyoming, MI 49509

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 Adult Foster Care small group home license and special certification are renewed. The regular license and special certification 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 #: AS410314820

Licensee Name: David's House Ministries

Licensee Address: 2390 Banner Dr.
Wyoming, MI 49509

Licensee Telephone #: (616) 726-1703

Licensee/Licensee Designee: Shane Metzger, Designee

Administrator: Stephen King

Name of Facility: House 4

Facility Address: 2375 Banner Dr. SW
Wyoming, MI 49509

Facility Telephone #: (616) 247-7861

Original Issuance Date: 10/18/2012

Capacity: 3

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

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/06/2019

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 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 the inspection

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

IV. RECOMMENDATION

I recommend issuance of a 2-year regular license and special certification to this AFC adult small group home capacity 3.

Arlene B. Smith

05/06/2019

Arlene B. Smith
Licensing Consultant

Date