



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 13, 2019

Patricia Miller
Kobza Adult Foster Care Inc
Suite 110
890 N. 10th Street
Kalamazoo, MI 49009

RE: License #: AS390083143
Beacon Home at Kobza
135 Ridgewood
Kalamazoo, MI 49001

Dear Ms. Miller:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ondrea Dillard", followed by a long horizontal line.

Ondrea Dillard, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

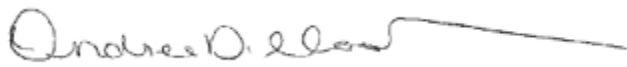
License #:	AS390083143
Licensee Name:	Kobza Adult Foster Care Inc
Licensee Address:	135 Ridgewood Kalamazoo, MI 49003
Licensee Telephone #:	(269) 427-8400
Licensee Designee:	Patricia Miller
Administrator:	N/A
Name of Facility:	Beacon Home at Kobza
Facility Address:	135 Ridgewood Kalamazoo, MI 49001
Facility Telephone #:	(269) 388-3386
Original Issuance Date:	01/15/1999
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

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 2-year regular adult foster care license.



9/13/2019

Ondrea Dillard
Licensing Consultant

Date