



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 14, 2020

Theresa Alvarado
Addie's Acres, LLC
11525 Wood Road
DeWitt, MI 48820

RE: License #: AL190357883
Addie's Acres, LLC
11633 Wood Road
DeWitt, MI 48820

Dear Ms. Alvarado:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #:	AL190357883
Licensee Name:	Addie's Acres, LLC
Licensee Address:	11633 Wood Road DeWitt, MI 48820
Licensee Telephone #:	(517) 410-1197
Licensee Designee:	Theresa Alvarado
Administrator:	Theresa Alvarado
Name of Facility:	Addie's Acres, LLC
Facility Address:	11633 Wood Road DeWitt, MI 48820
Facility Telephone #:	(517) 410-1197
Original Issuance Date:	07/24/2015
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/14/2020

Date of Bureau of Fire Services Inspection if applicable: 02/19/2019

Date of Health Authority Inspection if applicable: 09/23/2019

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 17
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.
- 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: 01/09/18 for rule 205 (4) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A variance for rule 410 (5) granted 2/16/16 for bedroom furnishings

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



01/14/20

Leslie Herrguth
Licensing Consultant

Date