



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 20, 2020

Marcia Curtiss
Homestead Management
Suite 115
21800 Haggerty Rd.
Northville, MI 48167

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|----------------|---|
| RE: License #: | AL410007172 Addington Place at East Paris #3 3980 Whispering Way, SE Grand Rapids, MI 49546-5804 |
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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) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

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| License #: | AL410007172 |
| Licensee Name: | Homestead Management |
| Licensee Address: | Suite 115 21800 Haggerty Rd. Northville, MI 48167 |
| Licensee Telephone #: | (616) 949-9500 |
| Licensee/Licensee Designee: | Marcia Curtiss, Designee |
| Administrator: | Kat Hartley, Administrator |
| Name of Facility: | Addington Place at East Paris #3 |
| Facility Address: | 3980 Whispering Way, SE Grand Rapids, MI 49546-5804 |
| Facility Telephone #: | (616) 949-9500 |
| Original Issuance Date: | 01/22/1993 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |
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II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/19/2020

Date of Bureau of Fire Services Inspection if applicable: 03/22/2019

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 1
No. of residents interviewed and/or observed 0
No. of others interviewed 2 Role: LD/Admin.

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, this building is being renovated and there are no residents in place.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
The residents are currently residing in different buildings on the campus while renovations are being completed, therefore; there are no resident medications being passed during this time.
- 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.
An inspection of the kitchen and food serving area was conducted. Meals are not being served in this building as it is under renovation.
- 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? follow up is done as the exclusions come in. Licensee Designee, Administrator and facility nurse are all aware of the employee exclusions. We did review during the inspection. N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in compliance with rules and requirements.

On 02/19/2020, an Exit Conference with Licensee Designee, Marcia Curtiss was conducted. Ms. Curtiss stated the renovation of this facility is taking place now and plans to have the residents move back into their rooms is planned as soon as the renovations are complete.

IV. RECOMMENDATION

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



02/20/2020

Elizabeth Elliott
Licensing Consultant

Date