



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 15, 2020

Diane Wildrom
2171 Monte Avenue
Muskegon, MI 49444

RE: License #:	AF610279071 Plan B Adult Foster Care 2171 Monte Avenue Muskegon, MI 49444-4524
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Dear Mrs. Wildrom:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

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

License #:	AF610279071
Licensee Name:	Diane Wildrom
Licensee Address:	2171 Monte Avenue Muskegon, MI 49444
Licensee Telephone #:	(231) 739-5095
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Plan B Adult Foster Care
Facility Address:	2171 Monte Avenue Muskegon, MI 49444-4524
Facility Telephone #:	(231) 286-4362
Original Issuance Date:	11/18/2005
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/14/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 01/22/2020

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Licensee-Virtual Insp.

- Medication pass / simulated pass observed? Yes No If no, explain.
Inspection of the resident MARs and medication completed. At the time of the virtual inspection, resident medications were not due to be administered.
- 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.
At the time of the virtual inspection a resident meal was not being prepared. An inspection of the kitchen and food at the facility was conducted.
- 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.
Virtual, Licensee tested the water and showed me the result.
- 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 compliance with rules and requirements.

This inspection was done virtually via facetime/on iPhone with the Licensee, Diane Wildrom due to the COVID19 pandemic. An Exit Conference was conducted with Ms. Wildrom and she has no other information to add to this LSR.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (capacity 6).



05/15/2020

Elizabeth Elliott
Licensing Consultant

Date