



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 10, 2020

Michelle Jannenga
Thresholds
Post Office Box 68327
Grand Rapids, MI 49516-8327

RE: License #: AL410007103
Gladiola Home
3210 Gladiola Avenue, SW
Wyoming, MI 49519-3225

Dear Ms. Jannenga:

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 and special certification 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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License#: AL410007103

Licensee Name: Thresholds

Licensee Address: 1225 Lake Drive SE
Grand Rapids, MI 49506

Licensee Telephone #: (616) 466-5242

Licensee/Licensee Designee: Michelle Jannenga, Designee

Administrator: Kimberly Brown, Administrator

Name of Facility: Gladiola Home

Facility Address: 3210 Gladiola Avenue, SW
Wyoming, MI 49519-3225

Facility Telephone #: (616) 538-3067

Original Issuance Date: 12/01/1976

Capacity: 16

Program Type: DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/09/2020

Date of Bureau of Fire Services Inspection if applicable: 12/13/2019

Date of Environmental/Health Inspection if applicable: 07/09/2020

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 N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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. Meals prepared prior to inspection.
- 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

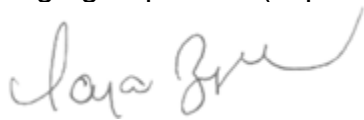
This facility was determined to be in substantial compliance with rules and requirements.

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

***EXIT CONFERENCE completed with Licensee Designee Michelle Jannenga
08/10/2020***

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult large group home (capacity 13-20).



08/10/2020

Toya Zylstra
Licensing Consultant

Date