



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 12, 2021

Cheryl VanBemden
Porter Hills Presbyterian Village, Inc.
4450 Cascade SE Suite200
Grand Rapids, MI 49546-8330

RE: License #: AH410236868
Porter Hills Presbyterian Village
3600 East Fulton Street
Grand Rapids, MI 49546-1332

Dear Ms. VanBemden:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410236868
Licensee Name:	Porter Hills Presbyterian Village, Inc.
Licensee Address:	4450 Cascade SE Suite200 Grand Rapids, MI 49546-8330
Licensee Telephone #:	(616) 887-8891
Authorized Representative:	Cheryl VanBemden
Administrator:	Mariah Voss
Name of Facility:	Porter Hills Presbyterian Village
Facility Address:	3600 East Fulton Street Grand Rapids, MI 49546-1332
Facility Telephone #:	(616) 949-4971
Original Issuance Date:	10/01/1970
Capacity:	212
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/12/21

Date of Bureau of Fire Services Inspection if applicable: 3/29/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 7/12/21

No. of staff interviewed and/or observed 19

No. of residents interviewed and/or observed 59

No. of others interviewed 2 Role Resident relatives

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No resident funds held in trust
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills, disaster plans were reviewed with staff
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Special Investigation Report (SIR) 2020A1026002 CAP 2/18/21 rules 1931(5),
and 1976(6)
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this home for the aged.



7/12/21

Date

Licensing Consultant