

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 2, 2021

Myra Qaisar 4738 E. Hillcrest Drive Berrien Springs, MI 49103

RE: License #: AF110397542

Myra's Place

4738 E. Hillcrest Drive Berrien Springs, MI 49103

Dear Ms. Qaisar:

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 will be renewed within 30 days of its expiration, so long as there are no open investigations at that time. Your license 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,

Cassandra Duursma, Licensing Consultant Bureau of Community and Health Systems

427 East Alcott Kalamazoo, MI 49001

Cassardra Buisano

(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AF110397542

Licensee Name: Myra Qaisar

Licensee Address: 4738 E. Hillcrest Drive

Berrien Springs, MI 49103

Licensee Telephone #: (269) 944-6327

Licensee Designee: N/A

Administrator: N/A

Name of Facility: Myra's Place

Facility Address: 4738 E. Hillcrest Drive

Berrien Springs, MI 49103

Facility Telephone #: (269) 325-6309

Original Issuance Date: 04/01/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/30/2021			
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: 05/20/2021			
Insp	ection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed N/A Role: N/A			
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain		
•	Resident funds and associated documents reviewed for at least one resident? Yes \(\scale \) No \(\scale \) If no, explain. Meal preparation / service observed? Yes \(\scale \) No \(\scale \) If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes \boxtimes No \square 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.

On 07/30/2021, I completed an exit conference with Licensee, Ms. Qaisar, who did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult family home (capacity 1-6).

Cassardra Buisono	08/02/2021
Cassandra Duursma	Date
Licensing Consultant	