



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 27, 2021

Laura Esese  
Dignified Care LLC  
3640 Brambleberry DR Nw  
Comstock Park, MI 49321

RE: License #: AM410406102  
**Dignified Care 44th. Street**  
**2720 44th St. SE**  
**Kentwood, MI 49512**

Dear Ms. Esese:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license and special certification are renewed. The license and special certification 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) 356-010.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410406102
<b>Licensee Name:</b>	Dignified Care LLC
<b>Licensee Address:</b>	3640 Brambleberry DR Nw Comstock Park, MI 49321
<b>Licensee Telephone #:</b>	(616) 856-9191
<b>Licensee/Licensee Designee:</b>	Laura Esese, Designee
<b>Administrator:</b>	Laura Esese
<b>Name of Facility:</b>	Dignified Care 44th. Street
<b>Facility Address:</b>	2720 44th St. SE Kentwood, MI 49512
<b>Facility Telephone #:</b>	(616) 226-6442
<b>Original Issuance Date:</b>	03/01/2021
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/27/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: ☒ Interview and Observation ☐ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 8  
No. of others interviewed 1 Role: Licensee Designee Administrator

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.
- 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.

I conducted a face-to-face exit conference with the Licensee Designee, Laura Esese and she agreed with my findings.

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

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

*Arlene B. Smith*

08/27/2021

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Arlene B. Smith, MSW  
Licensing Consultant

Date