



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 6, 2021

Shikha Halder and Subrato Sarker
420 South Main Street
Berrien Springs, MI 49103

RE: License #: AF110338351
Home Away Home
420 South Main Street
Berrien Springs, MI 49103

Dear Shikha Halder and Subrato Sarker:

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 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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License#: AF110338351

Licensee Name: Shikha Halder and Subrato Sarker

Licensee Address: 420 South Main Street
Berrien Springs, MI 49103

Licensee Telephone #: (269) 815-5233

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Home Away Home

Facility Address: 420 South Main Street
Berrien Springs, MI 49103

Facility Telephone #: (269) 815-5233

Original Issuance Date: 06/17/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/23/2021

Date of Bureau of Fire Services Inspection if applicable: 11/23/2021

Date of Health Authority Inspection if applicable: 11/23/2021

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 4
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. Meal 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: 2022A0583001 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 onsite 11/23/2021 with Shikha Halder and Subrato Sarker.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



12/06/2021

Toya Zylstra
Licensing Consultant

Date