



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 2, 2022

Renee Kelly  
Cretsinger Care Homes Ltd  
P O Box 279  
Battle Creek, MI 49016-0279

RE: License #: AM130070136  
**Cretsinger East**  
**1425 E Michigan Avenue**  
**Battle Creek, MI 49017**

Dear Mrs. Kelly:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Contingent upon receipt of an approval rating from the Bureau of Fire Services, your license and special certification will be renewed.

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-9037

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

**I. IDENTIFYING INFORMATION**

**License #:** AM130070136

**Licensee Name:** Cretsinger Care Homes Ltd

**Licensee Address:** P O Box 279  
Battle Creek, MI 49016-0279

**Licensee Telephone #:** (269) 964-8292

**Licensee Designee:** Renee Kelly

**Administrator:** Tracy Frey

**Name of Facility:** Cretsinger East

**Facility Address:** 1425 E Michigan Avenue  
Battle Creek, MI 49017

**Facility Telephone #:** (269) 966-5773

**Original Issuance Date:** 04/12/1996

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/01/2022

Date of Bureau of Fire Services Inspection if applicable: 01/19/2021

Date of Health Authority Inspection if applicable: 10/05/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- 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   
201(6), 315(3), 301(7), 308(2)(d) remain in place.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

### IV. RECOMMENDATION

Contingent upon an approval rating from the Bureau of Fire Services, I recommend issuance of a two-year regular adult foster care license and special certification for the developmentally disabled and mentally ill populations.

*Michele Streeter*

02/02/2022

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Michele Streeter  
Licensing Consultant

Date