



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 14, 2022

Drew Kersjes  
CMHB Of CEI Counties  
Suite 115  
812 E Jolly Road  
Lansing, MI 48910

RE: License #: AS330011147  
**Gilcrest Home**  
**1410 Gilcrest**  
**East Lansing, MI 48823**

Dear Mr. Kersjes:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330011147
<b>Licensee Name:</b>	CMHB Of CEI Counties
<b>Licensee Address:</b>	Suite 115 812 E Jolly Road Lansing, MI 48910
<b>Licensee Telephone #:</b>	(517) 346-8200
<b>Licensee/Licensee Designee:</b>	Drew Kersjes
<b>Administrator:</b>	Drew Kersjes
<b>Name of Facility:</b>	Gilcrest Home
<b>Facility Address:</b>	1410 Gilcrest East Lansing, MI 48823
<b>Facility Telephone #:</b>	(517) 346-9596
<b>Original Issuance Date:</b>	11/17/1981
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/12/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: 0


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

**IV. RECOMMENDATION**

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



01/14/2022

\_\_\_\_\_  
Eli DeLeon  
Licensing Consultant

\_\_\_\_\_  
Date