



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 31, 2021

Amanda Deming  
3051 Lowry Ct.  
Kentwood, MI 49512

RE: License #: AF410285580  
**New Outlook**  
**3051 Lowry Ct.**  
**Kentwood, MI 49512**

Dear Ms. Deming:


Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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) 356-0100.

Sincerely,

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

Arlene B. 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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF410285580
<b>Licensee Name:</b>	Amanda Deming
<b>Licensee Address:</b>	3051 Lowry Ct. Kentwood, MI 49512
<b>Licensee Telephone #:</b>	(616) 885-4430
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	New Outlook
<b>Facility Address:</b>	3051 Lowry Ct. Kentwood, MI 49512
<b>Facility Telephone #:</b>	(616) 554-3661
<b>Original Issuance Date:</b>	10/01/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/30/2021

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee

- 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.

On 03/30/2021, I conducted a face-to-face exit conference with the Licensee, Amanda Deming and she agreed with my findings.

This facility was found to be in non-compliance with the following rule:	
<b>R 400.1440</b>	<b>Heat producing equipment.</b>
	<b>(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.</b>
There are two resident bedrooms on the lower level. The furnace, hot water heater, and laundry facilities are located on the lower level and in a room with an approved door with a self-closing device. The home does not have a floor separation located at the top or at the bottom of staircase to the lower level. The Licensee submitted an acceptable plan of correction for establishing a floor separation with a least a 1 3/4-inch solid wood core door or equivalent in a fully stopped wood or steel frame with a self-closing device and positive-latching hardware.	
<b>VIOLATION ESTABLISHED</b>	
The Licensee submitted a handwritten signed, Plan of Correction, which was received and approved on 03/30/2021.	

A corrective action plan was requested and approved on 03/30/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of a 2-year license and a special certification is recommended.

*Arlene B. Smith*

03/30/202

Arlene B. Smith, MSW  
Licensing Consultant

Date