



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 9, 2021

Anne Rorem  
Agape Home at Blueberry Fields, Inc.  
572 Lake Forest Lane  
Muskegon, MI 49441

RE: License #: AL610304298  
**Agape Home At Blueberry Fields**  
**4747 E. Mount Garfield Rd**  
**Fruitport, MI 49415**

Dear Mrs. Rorem:

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 large group home license are renewed. The regular license 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

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

**I. IDENTIFYING INFORMATION**

**License #:** AL610304298

**Licensee Name:** Agape Home at Blueberry Fields, Inc.

**Licensee Address:** 572 Lake Forest Lane  
Muskegon, MI 49441

**Licensee Telephone #:** (231) 780-2229

**Licensee/Licensee Designee:** Anne Rorem, Designee

**Administrator:** Anne Rorem

**Name of Facility:** Agape Home At Blueberry Fields

**Facility Address:** 4747 E. Mount Garfield Rd  
Fruitport, MI 49415

**Facility Telephone #:** (231) 865-3400

**Original Issuance Date:** 03/22/2010

**Capacity:** 18

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/29/2021

Date of Bureau of Fire Services Inspection if applicable: 02/03/2021

Date of Health Authority Inspection if applicable: 06/03/2020

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 5

No. of others interviewed 1 Role: 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. They do not manage any resident funds.
- 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 interview with the Licensee Designee Anne Rorem at the time of the renewal and she agreed with my findings.

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

**IV. RECOMMENDATION**

I recommend issuance of a regular 2-year license to this AFC adult large group home.

*Arlene B. Smith*

02/09/2021

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Arlene B. Smith, MSW  
Licensing Consultant

Date