



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 1, 2022

Cynthia Barrus
Spectrum Health Worth Residential Services
4118 Kalamazoo SE
Grand Rapids, MI 49508

RE: License #: AS410011641
Homewards South
4140 Kalamazoo Avenue, SE
Grand Rapids, MI 49508-3605

Dear Ms. Barrus:

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 blue ink that reads "Megan Aukerman, MSW".

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #:	AS410011641
Licensee Name:	Spectrum Health Worth Residential Services
Licensee Address:	4118 Kalamazoo Ave. Grand Rapids, MI 49508
Licensee Telephone #:	(616) 486-7015
Licensee/Licensee Designee:	Cynthia Barrus
Administrator:	Cynthia Barrus
Name of Facility:	Homewards South
Facility Address:	4140 Kalamazoo Avenue, SE Grand Rapids, MI 49508-3605
Facility Telephone #:	(616) 455-7566
Original Issuance Date:	02/19/1991
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/01/2022

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 2
No. of residents interviewed and/or observed 0
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
There were no residents in the facility at the time of 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.
There were no residents in the facility at the time of 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.
Reviewed as received.
- 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

On 04/01/2022, an onsite inspection was completed at the facility. An exit conference was conducted with licensee designee, Cynthia Barrus and the facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 6).



04/01/2022

Megan Aukerman
Licensing Consultant

Date