

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 6, 2022

Tortia Tuo LA Benediction CO LLC 5035 Marwood Court SE Kentwood, MI 49508

RE: License #: AS410388045

LA Benediction

5035 Marwood Court SE Kentwood, MI 49508

Dear Mrs. Tuo:

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 and special certification are 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,

Megan Aukerman, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W.

Megan auterman, msw

Grand Rapids, MI 49503

(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #: AS410388045

Licensee Name: LA Benediction CO LLC

Licensee Address: 5035 Marwood Court SE

Kentwood, MI 49508

Licensee Telephone #: (616) 258-8116

Licensee/Licensee Designee: Tortia Tuo

Administrator: Lawrence Benedict

Name of Facility: LA Benediction

Facility Address: 5035 Marwood Court SE

Kentwood, MI 49508

Facility Telephone #: (616) 432-4106

Original Issuance Date: 11/13/2017

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	Date of On-site Inspection(s):		05/05/2022		
Date	e of Bureau of Fire Serv	vices Inspection if appl	licable:	N/A	
Date of Environmental/Health Inspection if applicable:			N/A		
Insp	ection Type:	☐ Interview and Obs	servation		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:			1 2		
•	Medication pass / simu	ulated pass observed?	Yes 🛚	No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $oximes$ No $oximes$ If no, explain				
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square 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-u Reviewed as received Corrective action plan	compliance verified?	Yes 🗌 (CAP date/s and rule/s:	
•	Number of excluded e	_		N/A 🖂	
•	Variances? Yes ☐ (p	lease explain) No	N/A 🖂		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 05/05/2022, an onsite inspection was completed at the facility. An exit conference was conducted with the administrator and the facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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

Megan auterman, msw	05/05/2022
Megan Aukerman Licensing Consultant	Date