



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 31, 2022

Joyce Peterson  
60407 M43 Highway  
Bangor, MI 49013

RE: License #: AS800362293  
Joyful Living  
328 Edgell Street  
South Haven, MI 49090

Dear Ms. Peterson:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS800362293
<b>Licensee Name:</b>	Joyce Peterson
<b>Licensee Address:</b>	60407 M43 Highway Bangor, MI 49013
<b>Licensee Telephone #:</b>	(269) 639-9430
<b>Administrator:</b>	Joyce Peterson
<b>Name of Facility:</b>	Joyful Living
<b>Facility Address:</b>	328 Edgell Street South Haven, MI 49090
<b>Facility Telephone #:</b>	(269) 637-4823
<b>Original Issuance Date:</b>	04/26/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/24/2022

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 **1**  
No. of others interviewed **0** Role: **N/A**

- 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.  
Inspection occurred between mealtimes.
- 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.  
The water was measured to be 114 degrees Fahrenheit.
- Incident report follow-up? Yes  No  If no, explain.  
There were not any incidents that required follow-up during this period.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
8/18/2021 - 14206(2), MCL 734b(2), 14205(3)(5), and 14208(3) AND 11/21/2021  
14315(8)(13)(15) and 14305(1). 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 and special certification.

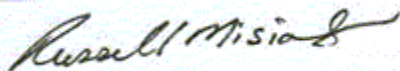


5/31/2022

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Kristy Duda  
Licensing Consultant

Date



5/31/2022

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Russell Misiak  
Area Manager

Date