



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 12, 2022

Virginia Ingle
Drews Place of Coldwater Inc.
300 E. Washington St.
Coldwater, MI 49036

RE: License #: AL120074548
Drews Place of Coldwater
289 E Perkins Street
Coldwater, MI 49036

Dear Mrs. Ingle:

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 (517) 284-9730.

Sincerely,

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

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
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

License #:	AL120074548
Licensee Name:	Drews Place of Coldwater Inc..
Licensee Address:	300 E. Washington St. Coldwater, MI 49036
Licensee Telephone #:	(151) 739-8533
Licensee:	Virginia Ingle
Administrator:	Stacy Morgan
Name of Facility:	Drews Place of Coldwater
Facility Address:	289 E Perkins Street Coldwater, MI 49036
Facility Telephone #:	(517) 278-9400
Original Issuance Date:	03/17/1997
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/19/2022

Date of Bureau of Fire Services Inspection if applicable: 10/06/2021 – A Rating

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 5
No. of residents interviewed and/or observed 10
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.
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 temperature was measured to be 117 degrees Fahrenheit.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.
There were not any incident reports submitted requiring follow-up.
- 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 ☐
Rule 400.14304 - Approved variance for fenced in yard.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

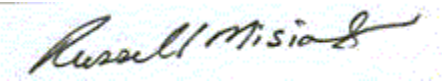
I recommend issuance of a 2-year regular adult foster care license.



8/3/22

Kristy Duda
Licensing Consultant

Date



8/4/22

Russell Misiak
Area Manager

Date