



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 30, 2022

Geralyn Barker  
Ida Mae's Group Homes, LLC  
6264 Lake St  
Newaygo, MI 49337

RE: License #: AS410391727  
**Ida Mae's Group Homes**  
**1439 Townsend Trail NE**  
**Rockford, MI 49341**

Dear Ms. Barker:

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 small group home license and special certification are renewed. The license and special certification 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**

<b>License #:</b>	AS410391727
<b>Licensee Name:</b>	Ida Mae's Group Homes, LLC
<b>Licensee Address:</b>	6264 Lake St Newaygo, MI 49337
<b>Licensee Telephone #:</b>	(616) 443-0227
<b>Licensee/Licensee Designee:</b>	Geralyn Barker, Designee
<b>Administrator:</b>	Geralyn Baker
<b>Name of Facility:</b>	Ida Mae's Group Homes
<b>Facility Address:</b>	1439 Townsend Trail NE Rockford, MI 49341
<b>Facility Telephone #:</b>	(616) 443-0227
<b>Original Issuance Date:</b>	04/02/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/29/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Home Manager

- 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.
- 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.

The Licensee Designee, Geralyn Barker, agreed with my findings at the exit conference.

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

#### IV. RECOMMENDATION

I recommend the issuance of a 2-year regular adult foster care license and a special certification.

*Arlene B. Smith*

09/30/2022

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Arlene B. Smith, MSW  
Licensing Consultant

Date