



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 30, 2022

Ann Meldrum
Samaritas
Suite A
2080 Union Ave. SE
Grand Rapids, MI 49507

RE: License #: AS610015816
Samaritas --Mararebecah Lane
2760 Mararebacah Lane
Muskegon, MI 49442-1577

Dear Ms. Meldrum:

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 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

License #: AS610015816

Licensee Name: Samaritas

Licensee Address: Suite A
2080 Union Ave. SE
Grand Rapids, MI 49507

Licensee Telephone #: (313) 823-7700

Licensee/Licensee Designee: Ann Meldrum, Designee

Administrator: Ann Meldrum

Name of Facility: Samaritas --Mararebecah Lane

Facility Address: 2760 Mararebacah Lane
Muskegon, MI 49442-1577

Facility Telephone #: (231) 777-5767

Original Issuance Date: 03/14/1994

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

Certified Programs: 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: 05/02/2022

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 1

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.
The residents went out to eat or were at their day program.
- 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:
CAP 09/07/2022 for Rule 400.14308 (1). They showed me the staff's termination papers and the training on this rule, including the staff's signaures for the training.
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.

Exit conference with Licensee Designee, Ann Meldrum and she agreed with my findings.

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

IV. RECOMMENDATION

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

Arlene B. Smith

09/30/2022

Arlene B. Smith, MSW
Licensing Consultant

Date