



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 10, 2022

Nathanael Bieszka
9844 Snow Ridge Ave. SE
Grand Rapids, MI 49508

RE: License #: AS410344357
New Hope Group Home
3671 Senora Ave. SE
Grand Rapids, MI 49508

Dear Nathanael Bieszka:

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,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #:	AS410344357
Licensee Name:	Nathanael Bieszka
Licensee Address:	9844 Snow Ridge Ave. SE Grand Rapids, MI 49508
Licensee Telephone #:	(419) 439-1218
Licensee/Licensee Designee:	Nathan Bieszka
Administrator:	Nathan Bieszka
Name of Facility:	New Hope Group Home
Facility Address:	3671 Senora Ave. SE Grand Rapids, MI 49508
Facility Telephone #:	(419) 439-1218
Original Issuance Date:	06/02/2014
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/10/2022
Date of Bureau of Fire Services Inspection if applicable: 11/10/2022
Date of Health Authority Inspection if applicable: 11/10/2022
No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 0
No. of others interviewed N/A Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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. N/A
- 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. *Exit Conference completed with Licensee Designee onsite.*

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

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



11/10/2022

Toya Zylstra
Licensing Consultant

Date