



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 3, 2019

Mike Dykstra  
Golden Life AFC, LLC  
4386 14 Mile Rd, NE  
Rockford, MI 49341

RE: License #: AL590398548  
**Golden Life AFC #3**  
**8675 S. Grow Road**  
**Greenville, MI 48838**

Dear Mr. Dykstra:

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 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,

*Bridget Vermeesch*

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL590398548
<b>Licensee Name:</b>	Golden Life AFC, LLC
<b>Licensee Address:</b>	4386 14 Mile Rd, NE Rockford, MI 49341
<b>Licensee Telephone #:</b>	(616) 307-7719
<b>Licensee/Licensee Designee/Administrator:</b>	Mike Dykstra, Designee
<b>Name of Facility:</b>	Golden Life AFC #3
<b>Facility Address:</b>	8675 S. Grow Road Greenville, MI 48838
<b>Facility Telephone #:</b>	(616) 307-7719
<b>Original Issuance Date:</b>	07/22/2019
<b>Capacity:</b>	20
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/25/2019

Date of Bureau of Fire Services Inspection if applicable: 12/20/2018

Date of Health Authority Inspection if applicable: 01/19/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed  Role:

4  
12

- 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 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 special certification.

*Bridget Vermeesch*

12/3/2019

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Bridget Vermeesch  
Licensing Consultant

Date