



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 13, 2023

Charles and Kerry Grayson
6240 Pinecrest Dr.
Zeeland, MI 49464

RE: License #:	AF700263375 The Graysons 6240 Pinecrest Dr. Zeeland, MI 49464
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Dear Ms. Grayson,

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report and submitted documentation of compliance. Your Adult Foster Care Family Home License and Special Certification has been renewed.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AF700263375
Licensee Name:	Grayson, Charles and Grayson, Kerry
Licensee Address:	6240 Pinecrest Dr. Zeeland, MI 49464
Licensee Telephone #:	(616) 875-8219
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	The Grayson's
Facility Address:	6240 Pinecrest Dr. Zeeland, MI 49464
Facility Telephone #:	(616) 875-8219
Original Issuance Date:	03/11/2004
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/28/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee, K. Grayson

- 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 found to be in non-compliance with the following rules:	
R 400.1438	Emergency preparedness; evacuation plan; emergency transportation.
	(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.
Finding: The fire drill logs are not available for department review.	
Licensee Response: Ms. Grayson stated she conducts fire drills 4 times each year but cannot locate the documentation at the time of the renewal inspection. Ms. Grayson stated she will locate the fire drill log and send verification of fire drills.	

A corrective action plan was requested and approved on 03/10/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

I recommend issuance of a 2-year Adult Foster Care Family Home license and Special Certification.



03/13/2023

Elizabeth Elliott
Licensing Consultant

Date