



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 20, 2023

Amber Bunce-Hernandez
Cornerstone II Inc
P. O. Box 277
Bloomington, MI 49026

RE: License #: AS800309333
Cornerstone House
22722 M-43
Kalamazoo, MI 49009

Dear Ms. Bunce-Hernandez:

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 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,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AS800309333

Licensee Name: Cornerstone II Inc

Licensee Address: 44409 Baseline Rd.
Bloomingtondale, MI 49026

Licensee Telephone #: (269) 668-7070

Licensee/Licensee Designee: Amber Bunce-Hernandez

Administrator: Amber Bunce-Hernandez

Name of Facility: Cornerstone House

Facility Address: 22722 M-43
Kalamazoo, MI 49009

Facility Telephone #: (269) 668-7419

Original Issuance Date: 10/11/2010

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/02/2023

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

Date of Health Authority Inspection if applicable: 03/14/2023 A-Rating

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

- 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.
Inspection occurred between mealtimes.
- 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.
The water temperature was measured to be 109 degrees Fahrenheit.
- Incident report follow-up? Yes No If no, explain.
There were not any incident reports submitted requiring follow-up.
- 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.

IV. RECOMMENDATION

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



3/20/2023

Kristy Duda
Licensing Consultant

Date