



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 27, 2023

Nicole Hutchinson
Liberty Village LLC
631 S. Vandermeulen Road
Lake City, MI 49651

RE: License #: AS570366054
Liberty Village
519 S. Vandermeulen Rd
Lake City, MI 49651

Dear Ms. Hutchinson:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

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|--------------------------------|--|
| License #: | AS570366054 |
| Licensee Name: | Liberty Village LLC |
| Licensee Address: | 631 S. Vandermeulen Road Lake City, MI 49651 |
| Licensee Telephone #: | (231) 839-0074 |
| Licensee Designee: | Nicole Hutchinson |
| Administrator: | Nicole Hutchinson |
| Name of Facility: | Liberty Village |
| Facility Address: | 519 S. Vandermeulen Rd Lake City, MI 49651 |
| Facility Telephone #: | (231) 878-8257 |
| Original Issuance Date: | 10/21/2014 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |
| Certified Programs: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/21/2023

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

Date of Health Authority Inspection if applicable: 03/21/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: ORR

- 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

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

On March 21, 2023, I provided Licensee Designee Nicole Hutchinson with an exit conference. I explained my findings as noted above. Ms. Hutchinson stated she understood and that she had no further information to provide, or questions concerning this renewal inspection.

IV. RECOMMENDATION

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



March 27, 2023

Bruce A. Messer
Licensing Consultant

Date