



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 10, 2023

Tricia Crawford
Spectrum Health Worth Residential Services
4118 Kalamazoo SE
Grand Rapids, MI 49508

RE: License #: AM410413978
Homewards Central
4130 Kalamazoo Ave SE
Grand Rapids, MI 49508

Dear Ms. Crawford:

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 (616) 356-0183.

Sincerely,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #: AM410413978

Licensee Name: Spectrum Health Worth Residential Services

Licensee Address: 4118 Kalamazoo Ave.
Grand Rapids, MI 49508

Licensee Telephone #: (616) 486-7290

Licensee/Licensee Designee: Tricia Crawford

Administrator: Tricia Crawford

Name of Facility: Homewards Central

Facility Address: 4130 Kalamazoo Ave SE
Grand Rapids, MI 49508

Facility Telephone #: (616) 486-7290

Original Issuance Date: 11/14/2022

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/09/2023

Date of Bureau of Fire Services Inspection if applicable: 11/09/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- 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
Variance initially approved on 09/22/2023. The facility submitted a current letter from the resident's physician to request the variance continue.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 05/09/2023, an onsite inspection was completed at the facility. An exit conference was conducted, and the 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 (capacity 12).

Megan Aukerman, MSW

05/10/2023

Megan Aukerman
Licensing Consultant

Date