



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 5, 2023

Barbara Guritz-Houser and Kenneth Houser
P.O. Box 241
Lawrence, MI 49064

RE: License #: AF800269501
Guritz-Houser Home
124 S. Second Street
Lawrence, MI 49064

Dear Barbara Guritz-Houser and Kenneth Houser:

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 are 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 #: AF800269501

Licensee Name: Barbara Guritz-Houser and Kenneth Houser

Licensee Address: 124 S. Second St.
Lawrence, MI 49064

Licensee Telephone #: (269) 674-8272

Licensee/Licensee Designee: Barbara Guritz-Houser and Kenneth Houser

Name of Facility: Guritz-Houser Home

Facility Address: 124 S. Second Street
Lawrence, MI 49064

Facility Telephone #: (269) 674-8272

Original Issuance Date: 04/07/2005

Capacity: 3

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/30/2023

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 2

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: N/A

- 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 115 degrees Fahrenheit.
- Incident report follow-up? Yes No If no, explain.
No incident reports required 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 regular license and special certification to this AFC adult family home (capacity 1-6).



12/05/2023

Kristy Duda
Licensing Consultant

Date