



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 8, 2023

Kiddy Gooden
901 Iroquois Ave
Prudenville, MI 48651

RE: License #: AF720361039
Goodens Lakeview AFC
901 Iroquois Ave
Prudenville, MI 48651

Dear Ms. Gooden:

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,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #: AF720361039

Licensee Name: Kiddy Gooden

Licensee Address: 901 Iroquois Ave
Prudenville, MI 48651

Licensee Telephone #: (989) 366-5983

Licensee/Licensee Designee: N/A

Administrator: Kiddy Gooden

Name of Facility: Goodens Lakeview AFC

Facility Address: 901 Iroquois Ave
Prudenville, MI 48651

Facility Telephone #: (989) 366-5983

Original Issuance Date: 08/29/2014

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/05/2023

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

Date of Health Authority Inspection if applicable: 08/15/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

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

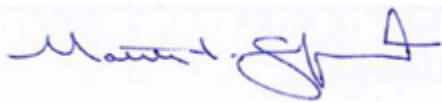
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
no meal at time of inspection
- 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 determined to be in substantial compliance with rules and requirements. On 12/05/2023 I conducted an exit conference with the licensee who concurred with the findings of the inspection.

IV. RECOMMENDATION

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



12/08/2023

Matthew Soderquist
Licensing Consultant

Date