



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 16, 2024

Tesia Jones  
1022 Avondale Dr  
Kalamazoo, MI 49048

RE: License #: AS390415231  
**Warming Hearts Adult Foster Care Home**  
**925 Sheridan Drive**  
**Kalamazoo, MI 49001**

Dear Tesia Jones:

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 specialized certification for the developmentally disabled and mentally ill 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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390415231
<b>Licensee Name:</b>	Tesia Jones
<b>Licensee Address:</b>	1022 Avondale Dr Kalamazoo, MI 49048
<b>Licensee Telephone #:</b>	(269) 993-9880
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	Tesia Jones
<b>Name of Facility:</b>	Warming Hearts Adult Foster Care Home
<b>Facility Address:</b>	925 Sheridan Drive Kalamazoo, MI 49001
<b>Facility Telephone #:</b>	(269) 743-7223
<b>Original Issuance Date:</b>	07/19/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection: 01/08/2024

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 [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.  
Inspection did not take place during a meal time; however, food was observed in the facility.
- 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:  
CAP dated 01/16/24 - R. 330.1803(6), R 400.14209(1), R 400.14301 (10), R 400.14301(2), R 400.14301(4), R 400.14301(6), and R 400.14315(3). 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 and specialized certification.

*Cathy Cushman*

01/16/2024

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Date

Licensing Consultant