



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 6, 2024

James Seewald
Fa-Ho-Lo Family Incorporated
6266 Lazy Oak Trail
Muskegon, MI 49442

RE: License #:	AM610009197 Fa-Ho-Lo Family 1585 S. Wolf Lake Road Muskegon, MI 49442-4881
----------------	---

Dear Mr. Seewald:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AM610009197
Licensee Name:	Fa-Ho-Lo Family Incorporated
Licensee Address:	6266 Lazy Oak Trail Muskegon, MI 49442
Licensee Telephone #:	(231) 557-8308
Licensee/Licensee Designee:	James Seewald, Designee
Administrator:	James Seewald, Administrator
Name of Facility:	Fa-Ho-Lo Family
Facility Address:	1585 S. Wolf Lake Road Muskegon, MI 49442-4881
Facility Telephone #:	(231) 788-1806
Original Issuance Date:	05/14/1984
Capacity:	8
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/31/2024

Date of Bureau of Fire Services Inspection if applicable: 09/12/2023

Date of Health Authority Inspection if applicable: 10/24/2023

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 7
No. of others interviewed 1 Role: LD-Nate Seewald

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered.
A review of the medications and MARs for the residents was conducted.
- 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

This facility was determined to be in compliance with rules and requirements.

IV. RECOMMENDATION

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



02/06/2024

Elizabeth Elliott
Licensing Consultant

Date