



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 31, 2024

Byron Cramer
Byron Center Manor Inc
2115 - 84th Street SW
Byron Center, MI 49315

RE: License #: AL410246443
Byron Center Manor IV
2115 84th Street, SW
Byron Center, MI 49315

Dear Mr. Cramer:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The regular license 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor,
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #:	AL410246443
Licensee Name:	Byron Center Manor Inc
Licensee Address:	2115 - 84th Street SW Byron Center, MI 49315
Licensee Telephone #:	(616) 878-3300
Licensee/Licensee Designee:	Bryan Cramer, Designee
Administrator:	Bryan Cramer
Name of Facility:	Byron Center Manor IV
Facility Address:	2115 84th Street, SW Byron Center, MI 49315
Facility Telephone #:	(616) 878-3300
Original Issuance Date:	06/06/2003
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/31/2024
Date of Bureau of Fire Services Inspection if applicable: 10/12/2023
Date of Health Authority Inspection if applicable: 01/31/2024
No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Manager

- 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. They do not manage any resident funds.
- 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: cap 02/17/2023 al312(4) (a), al 312 (1), al 312 (3), al312 (2). 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.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION:

I recommend issuance of a regular license to this AFC adult large group home capacity 20.

Arlene B. Smith 01/31/2024

Arlene B. Smith Date
Licensing Consultant