

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 11, 2024

Jesus Guardado 2167 Innwood Drive SE Kentwood, MI 49508

RE: License #: AF410400507

J.G. Home

2167 Innwood Drive SE Kentwood, MI 49508

Dear Mr. Guardado:

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,

Megan Aukerman, Licensing Consultant Bureau of Community and Health Systems

Megan auterman, msw

Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #: AF410400507

Licensee Name: Jesus Guardado

Licensee Address: 2167 Innwood Drive SE

Kentwood, MI 49508

Licensee Telephone #: (661) 675-9777

Licensee/Licensee Designee: Jesus Guardado

Administrator: Jesus Guardado

Name of Facility: J.G. Home

Facility Address: 2167 Innwood Drive SE

Kentwood, MI 49508

Facility Telephone #: (616) 200-4051

Original Issuance Date: 11/19/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	03/07/2	024	
Date	e of Bureau of Fire Services Inspection if app	licable:	N/A	
Date	e of Health Authority Inspection if applicable:	N/A		
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		1 3	
•	Medication pass / simulated pass observed?	Yes ⊠	│ No	
•	Medication(s) and medication record(s) review	ewed? Y	′es ⊠ No □ If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square 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 Or If no, explain. Water temperatures checked? Yes ⊠ No [•		
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expl	ain.	
•	Corrective action plan compliance verified? 09/20/2023 SIR #2023A0583039 Rules:AF4 Number of excluded employees followed-up?	18(6) N/		
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 03/07/2024, an onsite inspection was completed at the facility. An exit conference was conducted, and the facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 1st regular license to this AFC adult family home (capacity 6).

Megan auterman, msw	03/11/2024
Megan Aukerman Licensing Consultant	Date