



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 3, 2024

Diana Batchelder  
1260 Cricklewood  
Wyoming, MI 49509

RE: License #: AF410314326  
**Re-Purposed Assisted Living**  
**1260 Cricklewood**  
**Wyoming, MI 49509**

Dear Ms. Batchelder:

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 cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF410314326
<b>Licensee Name:</b>	Diana Batchelder
<b>Licensee Address:</b>	1260 Cricklewood Wyoming, MI 49509
<b>Licensee Telephone #:</b>	(616) 805-4925
<b>Licensee/Licensee Designee:</b>	Diana Batchelder
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Re-Purposed Assisted Living
<b>Facility Address:</b>	1260 Cricklewood Wyoming, MI 49509
<b>Facility Telephone #:</b>	(616) 805-4925
<b>Original Issuance Date:</b>	10/28/2011
<b>Capacity:</b>	5
<b>Program Type:</b>	ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/02/2024

Date of Bureau of Fire Services Inspection if applicable: 04/02/2024

Date of Health Authority Inspection if applicable: 04/02/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

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

- Medication pass / simulated pass observed? Yes  No  If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to 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. *Exit Conference completed onsite 04/02/2024.*

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

**IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult family home (capacity 1-5).



04/03/2024

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Toya Zylstra  
Licensing Consultant

Date