



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 13, 2024

Cynthia Fox
2145 Baker Street
Muskegon Height, MI 49444

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| RE: License #: | AS610012250 Baker Haven Home 2145 Baker Street Muskegon Heights, MI 49444 |
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Dear Mrs. Fox:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. 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

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| License #: | AS610012250 |
| Licensee Name: | Cynthia Fox |
| Licensee Address: | 2145 Baker Street Muskegon Height, MI 49444 |
| Licensee Telephone #: | (231) 760-6222 |
| Licensee/Licensee Designee: | Cynthia Fox |
| Administrator: | David Fox |
| Name of Facility: | Baker Haven Home |
| Facility Address: | 2145 Baker Street Muskegon Heights, MI 49444 |
| Facility Telephone #: | (231) 760-6222 |
| Original Issuance Date: | 06/01/1989 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |
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II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/10/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 05/10/2024

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 3
No. of others interviewed 2 Role: David & Cynthia Fox

- 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.
At the time of the inspection, a meal was not being prepared but an inspection of the food and meal preparation area was conducted.
- 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 (Capacity 6).



05/13/2024

Elizabeth Elliott
Licensing Consultant

Date