

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 25, 2024

Cheryl VanBemden Porter Hills Presbyterian Village, Inc. 4450 Cascade SE Suite200 Grand Rapids, MI 49546-8330

> RE: License #: AH410236868 Porter Hills Presbyterian Village 3600 East Fulton Street Grand Rapids, MI 49546-1332

Dear Licensee:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-1970.

Sincerely,

Lauren Wohlfert, Licensing Staff Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 (616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410236868
Licensee Name:	Porter Hills Presbyterian Village, Inc.
Licensee Address:	4450 Cascade SE Suite200
	Grand Rapids, MI 49546-8330
	(0.40) 070 0.475
Licensee Telephone #:	(616) 378-6475
Authorized Bepresentative:	Cheryl VanBemden
Authorized Representative:	
Administrator:	Mariah Voss
Name of Facility:	Porter Hills Presbyterian Village
Facility Address:	3600 East Fulton Street
	Grand Rapids, MI 49546-1332
	(040) 040 4074
Facility Telephone #:	(616) 949-4971
Original Issuance Date:	10/01/1970
Capacity:	100
Program Type:	AGED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/25/2024

Date of Bureau of Fire Services Inspection if applicable: 04/19/2023

Inspection Type:

Date of Exit Conference: 06/25/2024

No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role

• Medication pass / simulated pass observed? Yes 🖂 No 🗌 If no, explain.

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- Medication(s) and medication records(s) reviewed? Yes ⊠ No □ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
 Yes No X If no, explain. No resident funds held in trust
- Meal preparation / service observed? Yes 🖂 No 🗌 If no, explain.
- Fire drills reviewed? Yes No X If no, explain.
 Bureau of Fires Services (BFS) reviews fire drills, disaster plans reviewed with staff
- Water temperatures checked? Yes 🛛 No 🗌 If no, explain.
- Incident report follow-up? Yes 🗌 IR date/s: N/A 🖂
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Jauren Wahlfert

06/25/2024

Date

Licensing Consultant