



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 12, 2024

Cheri Wynsma
487 Harrison St.
Coopersville, MI 49404

RE: License #: AF700290063
Deer Creek AFC
487 Harrison St.
Coopersville, MI 49404

Dear Ms. Wynsma:

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 will be renewed within 30 days of its expiration so long as there are no open investigations at that time. Your 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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AF700290063

Licensee Name: Cheri Wynsma

Licensee Address: 487 Harrison St.
Coopersville, MI 49404

Licensee Telephone #: (616) 384-2108

Licensee Designee: N/A

Administrator: N/A

Name of Facility: Deer Creek AFC

Facility Address: 487 Harrison St.
Coopersville, MI 49404

Facility Telephone #: (616) 384-2108

Original Issuance Date: 06/16/2008

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/4/24

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed N/A
No. of residents interviewed and/or observed 3
No. of others interviewed 1 Role: Licensee

- 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.
- 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.

On 11/4/24, I completed an exit conference with Ms. Wynsma who did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular license to this AFC adult family home.

Cassandra Duursma

11/12/24

Cassandra Duursma
Licensing Consultant

Date