



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 27, 2024

Cynthia Sanders
Creston AFC LLC
251 Sweet NE
Grand Rapids, MI 49505

RE: License #: AM410409437
Creston AFC LLC
251 Sweet NE
Grand Rapids, MI 49505

Dear Mrs. Sanders:

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 that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AM410409437

Licensee Name: Creston AFC LLC

Licensee Address: 251 Sweet NE
Grand Rapids, MI 49505

Licensee Telephone #: (616) 363-3457

Licensee/Licensee Designee: Cynthia Sanders, Designee

Administrator: Cynthia Sanders

Name of Facility: Creston AFC LLC

Facility Address: 251 Sweet NE
Grand Rapids, MI 49505

Facility Telephone #: (616) 363-3457

Original Issuance Date: 06/01/2022

Capacity: 10

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/25/2024

Date of Bureau of Fire Services Inspection if applicable: 01/08/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Designee

- 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. N/A
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
N/A
- 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

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

IV. RECOMMENDATION

I conducted an exit conference while onsite with the owner/designee, Cynthia Sanders and she agreed with the findings.

I recommend issuance of a regular license to this AFC adult medium group home (capacity 1-10).

Anthony Mullins

11/27/2024

Anthony Mullins
Licensing Consultant

Date