



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 2, 2024

Teresa Wendt
HGA Non-Profit Homes Inc.
917 West Norton
Muskegon, MI 49441

| | |
|----------------|---|
| RE: License #: | AS610012215 Walker Road Home 6646 Walker Road Fruitport, MI 49415-9608 |
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Dear Ms. Wendt:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license and special certification 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 #: | AS610012215 |
| Licensee Name: | HGA Non-Profit Homes Inc. |
| Licensee Address: | 917 West Norton Muskegon, MI 49441 |
| Licensee Telephone #: | (231) 728-3501 |
| Licensee/Licensee Designee: | Teresa Wendt, Designee |
| Administrator: | Teresa Wendt, Administrator |
| Name of Facility: | Walker Road Home |
| Facility Address: | 6646 Walker Road Fruitport, MI 49415-9608 |
| Facility Telephone #: | (231) 366-7148 |
| Original Issuance Date: | 10/23/1985 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED |
| Certified Programs: | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/20/2024

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

Date of Environmental/Health Inspection if applicable: 07/18/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: LD, T. Wendt

- 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year adult foster care license with special certification (capacity 6).



12/02/2024

Elizabeth Elliott
Licensing Consultant

Date