



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 5, 2024

James Seewald  
Amanda Family Inc  
6266 Lazy Oak Trail  
Muskegon, MI 49442

RE: License #:	AS610012230 Amanda CLF 4021 Amanda Street Muskegon, MI 49444-4368
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Dear Mr. Seewald:

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**

<b>License #:</b>	AS610012230
<b>Licensee Name:</b>	Amanda Family Inc
<b>Licensee Address:</b>	6266 Lazy Oak Trail Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 557-8308
<b>Licensee/Licensee Designee:</b>	James Seewald, Designee
<b>Administrator:</b>	James Seewald, Administrator
<b>Name of Facility:</b>	Amanda CLF
<b>Facility Address:</b>	4021 Amanda Street Muskegon, MI 49444-4368
<b>Facility Telephone #:</b>	(231) 557-8308
<b>Original Issuance Date:</b>	05/01/1988
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/05/2024

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

Date of Health Authority Inspection if applicable: 08/12/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: LD/ADMN-J. Seewald

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
At the time of the inspection, resident medications had been passed, a review of resident medications and MAR was conducted.
- 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

On 12/05/2024, an inspection of this facility was conducted and determined to be in compliance with rules and requirements. An exit conference was conducted with James Seewald, Licensee Designee/Administrator and I informed him the license and special certification would be renewed.

#### **IV. RECOMMENDATION**

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



12/05/2024

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Elizabeth Elliott  
Licensing Consultant

Date