



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 16, 2025

Laura Esese  
Newcastle LLC Ascension Health II AFC  
3640 BRAMBLEBERRY DR NW  
Comstock Park, MI 49321

RE: License #: AS410322595  
**Ascension Health II**  
**3704 Newcastle Dr. SE**  
**Grand Rapids, MI 49508**

Dear Ms. Esese:

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 and special certification are 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, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410322595

**Licensee Name:** Newcastle LLC Ascension Health II AFC

**Licensee Address:** 3640 BRAMBLEBERRY DR NW  
Comstock Park, MI 49321

**Licensee Telephone #:** (616) 856-9191

**Licensee/Licensee Designee:** Laura Esese, Designee

**Administrator:** Laura Esese

**Name of Facility:** Ascension Health II

**Facility Address:** 3704 Newcastle Dr. SE  
Grand Rapids, MI 49508

**Facility Telephone #:** (616) 856-9191

**Original Issuance Date:** 07/24/2012

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/16/2025  
Date of Bureau of Fire Services Inspection if applicable: 01/16/2025  
Date of Health Authority Inspection if applicable: 01/16/2025  
No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 0  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain. Residents were not at the facility during inspection.
- 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. Residents were not at the facility during inspection.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain. Observed working fire equipment.
- 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.

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

**IV. RECOMMENDATION**

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



01/16/2025

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Toya Zylstra  
Licensing Consultant

Date