



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 22, 2025

Jason and Jessica Taylor
3773 Hudson Road
Osseo, MI 49266

RE: License #: AM300276139
Somewhere in Time
3773 Hudson Rd.
Osseo, MI 49266

Dear Jason and Jessica Taylor:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license is renewed. The regular license 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dwight Forde".

Dwight Forde, 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 #:	AM300276139
Licensee Name:	Jason and Jessica Taylor
Licensee Address:	3773 Hudson Road Osseo, MI 49266
Licensee Telephone #:	(517) 286-5407
Licensee	Jason and Jessica Taylor
Administrator:	Jason Taylor
Name of Facility:	Somewhere in Time
Facility Address:	3773 Hudson Rd. Osseo, MI 49266
Facility Telephone #:	(517) 523-2621
Original Issuance Date:	06/12/2006
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/21/24

Date of Bureau of Fire Services Inspection if applicable: 11/20/24 A-Rating

Date of Health Authority Inspection if applicable: 10/18/24 A-Rating

No. of staff interviewed and/or observed

1

No. of residents interviewed and/or observed

10

No. of others interviewed

0

Role:

- 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.
Mealtimes not concurrent with the inspection
- 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:
R312(4)(A) 1/11/24 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.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



1/22/25

Dwight Forde
Licensing Consultant

Date