



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 6, 2025

Lawrence Davids  
Favor House LLC  
4958 Fuller Ave SE  
Kentwood, MI 49508

RE: License #: AS410418672  
Favor House LLC Andover Home  
415 Andover St. SE  
Kentwood, MI 49548

Dear Mr. Davids:

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 blue ink that reads "Megan Aukerman, MSW".

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410418672
<b>Licensee Name:</b>	Favor House LLC
<b>Licensee Address:</b>	4958 Fuller Ave SE Kentwood, MI 49508
<b>Licensee Telephone #:</b>	(616) 717-2899
<b>Licensee/Licensee Designee:</b>	Lawrence Davids
<b>Administrator:</b>	Lawrence Davids
<b>Name of Facility:</b>	Favor House LLC Andover Home
<b>Facility Address:</b>	415 Andover St. SE Kentwood, MI 49548
<b>Facility Telephone #:</b>	(616) 717-2899
<b>Original Issuance Date:</b>	09/05/2024
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/27/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- 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

On 01/27/2025, an onsite inspection was completed at the facility. An exit conference was conducted, and the facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a none license and special certification to this AFC adult small group home (capacity 6).

*Megan Aukerman, MSW*

02/06/2025

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Megan Aukerman  
Licensing Consultant

Date