



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 20, 2024

Noelle Conzelmann
Lutheran Child and Family Services d/b/a Wellspring
2825 Wieneke Road
Saginaw, MI 48603

RE: License #:	AM730418347 Bethesda Lutheran Supported Living Home 210 Mayer Road Frankenmuth, MI 48734
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Dear Noelle Conzelmann:

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 (517) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM730418347
Licensee Name:	Lutheran Child and Family Services d/b/a Wellspring
Licensee Address:	2825 Wieneke Road Saginaw, MI 48603
Licensee Telephone #:	(989) 714-6595
Licensee/Licensee Designee:	Noelle Conzelmann
Administrator:	Ann Finta
Name of Facility:	Bethesda Lutheran Supported Living Home
Facility Address:	210 Mayer Road Frankenmuth, MI 48734
Facility Telephone #:	(989) 652-6212
Original Issuance Date:	08/01/2024
Capacity:	10
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/18/2024

Date of Bureau of Fire Services Inspection if applicable: 03/08/2024

Date of Environmental/Health Inspection if applicable: 07/22/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 0 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? 0 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 temporary license and special certification to this AFC adult medium group home (capacity 7-12).



12/20/2024

Martin Gonzales Licensing Consultant	Date
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