



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 21, 2025

Jennifer Chism
8600 Briar Hill
Herron, MI 49744

RE: License #: AF040263988
Chism Home
8600 Briar Hill
Herron, MI 49744

Dear Ms. Chism:

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 is 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) 356-0100.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--|
| License #: | AF040263988 |
| Licensee Name: | Jennifer Chism |
| Licensee Address: | 8600 Briar Hill Herron, MI 49744 |
| Licensee Telephone #: | (989) 727-2735 |
| Licensee Designee: | N/A |
| Administrator: | Jennifer Chism |
| Name of Facility: | Chism Home |
| Facility Address: | 8600 Briar Hill Herron, MI 49744 |
| Facility Telephone #: | (989) 727-2735 |
| Original Issuance Date: | 04/20/2004 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |
| Certified Programs: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/18/2025

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

Date of Health Authority Inspection if applicable: 12/17/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed Role:

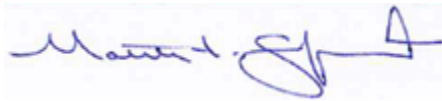
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No meal prep during 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:
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.

A handwritten signature in blue ink, appearing to read "Matthew Soderquist", is written over a light blue horizontal line.

4/21/25

Matthew Soderquist
Licensing Consultant

Date