



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 18, 2025

Marlene Arthur  
356 West Cleveland  
Coopersville, MI 49404

RE: License #: AF700082027  
**Cameo House**  
**356 West Cleveland**  
**Coopersville, MI 49404**

Dear Marlene Arthur:

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 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 cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(269) 615-5050

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF700082027
<b>Licensee Name:</b>	Marlene Arthur
<b>Licensee Address:</b>	356 West Cleveland Coopersville, MI 49404
<b>Licensee Telephone #:</b>	(616) 837-1106
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Cameo House
<b>Facility Address:</b>	356 West Cleveland Coopersville, MI 49404
<b>Facility Telephone #:</b>	(616) 837-1106
<b>Original Issuance Date:</b>	12/29/1998
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/16/25

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 2

No. of residents interviewed and/or observed 4

No. of others interviewed 2 Role: Relatives

- 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

This facility was determined to be in substantial compliance with rules and requirements.

I completed an exit conference with Ms. Arthur. Consultation was provided on annual form requirements. Ms. Arthur did not dispute my findings or recommendations.

### IV. RECOMMENDATION

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

*Cassandra Duursma*

4/18/25

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Cassandra Duursma, LLMSW  
Licensing Consultant

Date