



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 3, 2025

Tricia Crawford
Spectrum Health Worth Residential Services
4118 Kalamazoo SE
Grand Rapids, MI 49508

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|----------------|---|
| RE: License #: | AM410414282 Corewell Health Worth Residential Homewards South 4140 Kalamazoo Ave SE Grand Rapids, MI 49508 |
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Dear Ms. Crawford:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

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|------------------------------------|--|
| License #: | AM410414282 |
| Licensee Name: | Spectrum Health Worth Residential Services |
| Licensee Address: | 4130 Kalamazoo Ave Grand Rapids, MI 49508 |
| Licensee Telephone #: | (616) 486-7290 |
| Licensee/Licensee Designee: | Tricia Crawford, Designee |
| Administrator: | Tricia Crawford, Administrator |
| Name of Facility: | Corewell Health Worth Residential Homewards South |
| Facility Address: | 4140 Kalamazoo Ave SE Grand Rapids, MI 49508 |
| Facility Telephone #: | (616) 486-7290 |
| Original Issuance Date: | 11/14/2022 |
| Capacity: | 12 |
| Program Type: | PHYSICALLY HANDICAPPED AGED |
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II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/06/2025

Date of Bureau of Fire Services Inspection if applicable: 05/12/2025

Date of Health Authority Inspection if applicable: 05/06/2025

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: LD/Admin. T. Crawford

- 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 ☐
Rule 408, Bedrooms, an unmarried couple requested a shared room. Variance approved on 02/04/2025, signed by Jay Calewarts, Jerry Hendrick and Elizabeth Elliott, contingent upon both resident's care plan being reviewed every 6 months. If either resident no longer want to live with the other in the future, the facility will work with the residents to find alternative placements.

DESCRIPTION OF FINDINGS & CONCLUSIONS

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

III. RECOMMENDATION

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



06/03/2025

Elizabeth Elliott
Licensing Consultant

Date