



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 14, 2025

Keyur Patel
Collaborative Care Partners Inc
10900 James Way
Portage, MI 49002

RE: License #: AL030406376
Stanford Lodge
409 Naomi Street
Plainwell, MI 49080

Dear Mr. Patel:

Attached is the Licensing Study Report for the above-mentioned 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,

Megan Aukerman, LMSW

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

License #: AL030406376

Licensee Name: Collaborative Care Partners Inc

Licensee Address: 10900 James Way
Portage, MI 49002

Licensee Telephone #: (269) 718-9040

Licensee/Licensee Designee: Keyur Patel

Administrator: Vushu Patel

Name of Facility: Stanford Lodge

Facility Address: 409 Naomi Street
Plainwell, MI 49080

Facility Telephone #: (269) 685-5821

Original Issuance Date: 01/21/2021

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/09/2025

Date of Bureau of Fire Services Inspection if applicable: 04/25/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 6
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 07/09/2025, I completed an onsite inspection at the facility. An exit conference was held and the facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 20).

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

Megan Aukerman, LMSW

07/14/2025

Megan Aukerman
Licensing Consultant

Date