GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 24, 2025

Betty Awere
Key Assisted Living LLC
851 Turner NW
Grand Rapids, MI 49504

RE: License #: AM410360748
Key Assisted Living
851 Turner NW
Grand Rapids, MI 49504

Dear Ms. Awere:

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,

Rebecca Piccard

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #:	AM410360748
Licensee Name:	Key Assisted Living LLC
Licensee Address:	851 Turner NW Grand Rapids, MI 49504
Licensee Telephone #:	(616) 322-9120
Licensee/Licensee Designee:	Betty Awere
Administrator:	Betty Awere
Name of Facility:	Key Assisted Living
Facility Address:	851 Turner NW Grand Rapids, MI 49504
Facility Telephone #:	(616) 350-9008
Original Issuance Date:	01/06/2015
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/24/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 06/24/2025

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 11
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. Betty does not hold resident funds.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain. no meals at the time of inspection.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain. fire drill performed during inspection.
- 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.

 June 24, 2025

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Rebecca Piccard Date
Licensing Consultant