



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 21, 2025

Jacklyn Stoltzfus
Covenant Enabling Res of MI Inc.
862 Forest Park Road
Muskegon, MI 49441

RE: License #:	AS410309175 Faith House 340 Thornridge Dr. NW Grand Rapids, MI 49504
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Dear Ms. Stoltzfus:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

A handwritten signature in cursive script that reads "Elizabeth Elliott". The signature is written in dark ink and is positioned below the word "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

License #:	AS410309175
Licensee Name:	Covenant Enabling Res of MI Inc.
Licensee Address:	862 Forest Park Road Muskegon, MI 49441
Licensee Telephone #:	(616) 822-5046
Licensee/Licensee Designee:	Jacklyn Stoltzfus, Designee
Administrator:	Jacklyn Stoltzfus, Administrator
Name of Facility:	Faith House
Facility Address:	340 Thornridge Dr. NW Grand Rapids, MI 49504
Facility Telephone #:	(616) 279-3958
Original Issuance Date:	02/07/2011
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/16/2025

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

Date of Environmental/Health Inspection if applicable: 07/16/2025

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: LD/Admin. J. Stoltzfus

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
At the time of the inspection, resident medications were not being administered.
- 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 found to be in non-compliance with the following rules:

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(3) Where basements are regularly used for resident activities, there shall be 2 approved exits, 1 of which shall lead directly to the outside.
<p>Finding: The lower level of the facility is set up for resident activities with a TV area and games. The window in the lower level is above grade but there is no door leading directly to the outside of the lower level and the only exit is up the stairs to the main area of the facility. There is no 2nd approved exit in the lower level which would be a door leading to the outside.</p> <p>Licensee Designee Response: Ms. Stoltzfus is a new Licensee Designee to this facility and is not sure how this resident activity area came to be without meeting this rule. Ms. Stoltzfus stated she will work on a corrective action plan immediately.</p>	

On 07/21/2025, I conducted an exit conference with Jackie Stoltzfus via telephone. I informed Ms. Stoltzfus that I confirmed the lower level of the facility could not be used for resident activity unless there is a door leading directly to the outside of the facility from the lower level which would be 1 of the 2 approved exits. Ms. Stoltzfus stated she understood and would begin to work on the corrective action plan.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



07/21/2025

Elizabeth Elliott
Licensing Consultant

Date