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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 29, 2025

Falco Corporation Suite 101 5228 Lovers Lane Portage, MI 49002

RE: License #: AM800015739

Allegan Enrichment Center #3

122 E. Delaware Street Decatur, MI 49045

Dear Mrs. Martin-Speese:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

 You are to submit documentation of compliance – documentation received on 8/26/25 and approved.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (517) 335-5985.

Sincerely,

Kristy Duda, Licensing Consultant Bureau of Community and Health Systems 350 Ottawa, N.W. Unit 13, 7th Floor

Grand Rapids, MI 49503

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

### I. IDENTIFYING INFORMATION

**License #:** AM800015739

**Licensee Name:** Falco Corporation

Licensee Address: Suite 101

5228 Lovers Lane Portage, MI 49002

**Licensee Telephone #:** (269) 342-8766

Licensee Designee/Administrator: Dawn Martin-Speese

Name of Facility: Allegan Enrichment Center #3

**Facility Address:** 122 E. Delaware Street

Decatur, MI 49045

**Facility Telephone #:** (269) 423-7892

Original Issuance Date: 06/01/1994

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

**AGED** 

# **II. METHODS OF INSPECTION**

Date	of On-site Inspection(s):	8/21/25	
Date	of Bureau of Fire Services Inspection if appl	icable:	8/18/25 A-Rating
Date	of Health Authority Inspection if applicable:		N/A
No. c	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e Design	3 6 ee
• [	Medication pass / simulated pass observed?	Yes 🖂	No ☐ If no, explain.
• 1	Medication(s) and medication record(s) reviewed? Yes $oxtimes$ No $oxtimes$ If no, explain.		
`	Resident funds and associated documents reviewed for at least one resident? Yes No I f no, explain.  Meal preparation / service observed? Yes No I f no, explain.		
• [	Fire drills reviewed? Yes 🗵 No 🗌 If no, ex	cplain.	
• [	Fire safety equipment and practices observe	d? Yes	⊠ No  If no, explain.
I	E-scores reviewed? (Special Certification On lf no, explain. Water temperatures checked? Yes ⊠ No [		
•	Incident report follow-up? Yes ⊠ No ☐ If ı	no, expla	ain.
	Corrective action plan compliance verified? ` N/A ⊠ Number of excluded employees followed-up?	_	
• \	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.

This facility was found to be in non-compliance with the following rules:

R 400.14401 Environmental health.

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

Two bedroom windows located in resident bedrooms did not open or have screens.

A corrective action plan was requested and approved on 08/29/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

Kristy Duda Date Licensing Consultant