



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 28, 2025

Michael Townsend  
61 Diamond Avenue NE  
Grand Rapids, MI 49503

RE: License #: AS410418699  
**Michael's Refuge**  
**722 Eastern Avenue SE**  
**Grand Rapids, MI 49507**

Dear Michael Townsend:

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 will be issued once the necessary application materials are received. Your license is valid only at your present address and is non-transferable.

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 "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W., Unit 13  
Grand Rapids, MI 49503  
(269) 615-5050

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410418699

**Licensee Name:** Michael Townsend

**Licensee Address:** 61 Diamond Avenue NE  
Grand Rapids, MI 49503

**Licensee Telephone #:** (616) 516-6621

**Licensee Designee:** Michael Townsend

**Administrator:** Michael Townsend

**Name of Facility:** Michael's Refuge

**Facility Address:** 722 Eastern Avenue SE  
Grand Rapids, MI 49507

**Facility Telephone #:** (616) 481-2423

**Original Issuance Date:** 03/03/2025

**Capacity:** 5

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/27/25

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Administration

- 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

The home is in compliance with all applicable rules and statutes.

On 8/27/25, I completed an exit conference with Mr. Mark Townsend who facilitated the renewal on behalf of Mr. Michael Townsend. Consultation was provided regarding employee files, resident files, general home records, and physical plant. He did not dispute my findings or recommendations and agreed to discuss them with Mr. Michael Townsend.

On 8/28/25, I sent an email to Mr. Michael Townsend documenting the consultation provided to Mr. Mark Townsend. He did not dispute my findings or recommendations at the time of license issuance.

### IV. RECOMMENDATION

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

*Cassandra Duursma*

8/28/25

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Cassandra Duursma  
Licensing Consultant

Date