



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 30, 2025

Renee Kelly
Cretsinger Care Homes Ltd
P O Box 279
Battle Creek, MI 49016-0279

RE: License #: AM130070136
Cretsinger East
1425 E Michigan Avenue
Battle Creek, MI 49017

Dear Mrs. Kelly:

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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AM130070136

Licensee Name: Cretsinger Care Homes Ltd

Licensee Address: P O Box 279
Battle Creek, MI 49016-0279

Licensee Telephone #: (269) 964-8292

Licensee/Licensee Designee: Renee Kelly

Administrator: Renee Kelly

Name of Facility: Cretsinger East

Facility Address: 1425 E Michigan Avenue
Battle Creek, MI 49017

Facility Telephone #: (269) 966-5773

Original Issuance Date: 04/12/1996

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/16/25

Date of Bureau of Fire Services Inspection if applicable: 1/21/25

Date of Health Authority Inspection if applicable: 10/17/25

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 12
No. of others interviewed 0 Role: N/A

- 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.
No Incident Reports
- 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 regular license to this AFC adult medium group home (capacity 7-12).

Nile Khabeiry, LMSW

12/30/25

Nile Khabeiry
Licensing Consultant

Date