



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 5, 2026

Laura Esese  
Fannview AFC LLC  
3640 BRAMBLEBERRY DR NW  
Grand Rapids, MI 49321

RE: License #: AS410317479  
**Ascension Health AFC**  
**1948 Millbank St. SE**  
**Grand Rapids, MI 49508**

Dear Ms. Esese:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

**FOR CDC ONLY**

Per MCL 722.113g, this report must be filed in your licensing notebook.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410317479
<b>Licensee Name:</b>	Fannview AFC LLC
<b>Licensee Address:</b>	3640 BRAMBLEBERRY DR NW Grand Rapids, MI 49321
<b>Licensee Telephone #:</b>	(616) 856-9191
<b>Administrator/Licensee Designee:</b>	Laura Esese, Designee
<b>Name of Facility:</b>	Ascension Health AFC
<b>Facility Address:</b>	1948 Millbank St. SE Grand Rapids, MI 49508
<b>Facility Telephone #:</b>	(616) 259-0061
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. Purpose of Addendum**

The licensee designee Laura Esese has requested to add wheelchair accessible to the facility's licensing terms.

**III. Methodology**

On 03/03/2026 I received a request from the licensee designee to add wheelchair accessible to the licensing terms.

On 03/04/2026 I completed an onsite inspection at the facility and observed two wheelchair ramps located at two separate egress doors on the first floor of the facility. I observed a ramp located at the front door and a separate ramp located from a door attached to the garage.

**IV. Description of Findings and Conclusions**

The facility can accommodate residents requiring the assistance of a wheelchair.

**V. Recommendation**

I recommend the proposed modification request be granted. The facility can accommodate residents that require the assistance of a wheelchair.



03/05/2026

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Toya Zylstra  
Licensing Consultant

Date