



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 27, 2026

Mcillwain, Joseph & Vanorder, Brandy
335 Court Street
Otsego, MI 49078

RE: License #: AF030311994
River Court AFC
335 Court Street
Otsego, MI 49078

Dear Mr. Mcillwain & Ms. Vanorder:

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. 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 "Natasha Grew".

Natasha Grew, 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 #: AF030311994

Licensee Name: Mcillwain, Joseph & Vanorder, Brandy

Licensee Address: 335 Court Street
Otsego, MI 49078

Licensee Telephone #: (269) 694-1274

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: River Court AFC

Facility Address: 335 Court Street
Otsego, MI 49078

Facility Telephone #: (269) 650-0086

Original Issuance Date: 04/04/2011

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED,
DEVELOPMENTALLY DISABLED,
MENTALLY ILL, AGED, TRAUMATICALLY
BRAIN INJURED, ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/14/2026

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed N/A 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. AFC does not manage resident funds.
- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



04/27/2026

Natasha Grew
Licensing Consultant

Date