



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 27, 2026

Jonica Ingram
Kindred Spirit
2320 W Dodge Rd
Clio, MI 48420

RE: License #: AM250273429
Kindred Spirit
2320 W. Dodge Road
Clio, MI 48420

Dear Jonica Ingram:

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 and special certification are renewed. They are valid only at your present address and are 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) 643-7960.

Sincerely,

A handwritten signature in blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

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

I. IDENTIFYING INFORMATION

License #:	AM250273429
Licensee Name:	Kindred Spirit
Licensee Address:	2320 W Dodge Rd Clio, MI 48420
Licensee Telephone #:	(810) 686-1710
Licensee Designee:	Jonica Ingram
Administrator:	Jonica Ingram
Name of Facility:	Kindred Spirit
Facility Address:	2320 W. Dodge Road Clio, MI 48420
Facility Telephone #:	(810) 686-1710
Original Issuance Date:	10/05/2005
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2026

Date of Bureau of Fire Services Inspection if applicable: 04/06/2026

Date of Environmental/Health Inspection if applicable: 05/27/2026

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: RRO

- 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 facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend the issuance of a regular, two-year, adult foster care license and special certification.



05/27/2026

Kent W Gieselman
Licensing Consultant

Date