



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 28, 2026

Kayon Tompkins
JC Adult Home LLC
1814 Towner
Grand Rapids, MI 49507

RE: License #: AS410410544
JC Adult Home LLC
1814 Towner
Grand Rapids, MI 49507

Dear Kayon Tompkins:

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 renewed within 30 days of its expiration so long as the necessary application materials are received and there are no open investigations at that time. Your license 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads 'Cassandra Duursma'.

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
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 #:	AS410410544
Licensee Name:	JC Adult Home LLC
Licensee Address:	2215 Bentbrook Ct Kentwood, MI 49508
Licensee Telephone #:	(616) 279-3147
Licensee Designee:	Kayon Tompkins
Administrator:	Kayon Tompkins
Name of Facility:	JC Adult Home LLC
Facility Address:	1814 Towner Grand Rapids, MI 49507
Facility Telephone #:	(616) 337-7074
Original Issuance Date:	04/14/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/27/26

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 n/a

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee Designee

- 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.
Meal service did not occur during the inspection time. Kitchen observed and meals discussed.
- 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.

On 8/27/26, I completed an exit conference with Ms. Tompkins who did not dispute my findings or recommendations. Consultation was provided on the ruleset changes from November 2025 and physical plant.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home.

Cassandra Duursma

8/28/26

Cassandra Duursma
Licensing Consultant

Date