GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 12, 2026

Michelle Jannenga
Thresholds
Suite 130
160 68th St. SW
Grand Rapids, MI 49548

RE: License #: AS410011488
**Thresholds Chamberlain Group Home**
**2819 Chamberlain Ave, SE**
**Grand Rapids, MI 49508-1511**

Dear Ms. Jannenga:

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. 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 (616) 356-0100.

Sincerely,

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

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS410011488 |
| **Licensee Name:** | Thresholds |
| **Licensee Address:** | Suite 130<br>160 68th St. SW<br>Grand Rapids, MI 49548 |
| **Licensee Telephone #:** | (616) 466-5242 |
| **Licensee/Licensee Designee:** | Michelle Jannenga, Designee |
| **Administrator:** | William Griffin, Jr. |
| **Name of Facility:** | Thresholds Chamberlain Group Home |
| **Facility Address:** | 2819 Chamberlain Ave, SE<br>Grand Rapids, MI 49508-1511 |
| **Facility Telephone #:** | (616) 466-5242 |
| **Original Issuance Date:** | 10/08/1980 |
| **Capacity:** | 6 |
| **Program Type:** | DEVELOPMENTALLY DISABLED |
| **Certified Programs:** | DEVELOPMENTALLY DISABLED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/11/2026

Date of Bureau of Fire Services Inspection if applicable: 08/11/2026

Date of Environmental/Health Inspection if applicable: 08/11/2026

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 1
No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  Medications passed prior to inspection.
- 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 prepared prior to inspection.
- 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. *Exit Conference completed onsite with licensee designee.*

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

## IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



10/12/2026

Toya Zylstra Date
Licensing Consultant