



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 12, 2018

Gloria Guthrie  
Pelcher AFC Home Inc  
9084 E Weidman  
Mt. Pleasant, MI 48858

RE: License #: AS370069126  
**Pelchers I**  
**4480 N Shepherd Rd**  
**Mt Pleasant, MI 48858**

Dear Mr./Ms. Guthrie:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is 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 (517) 284-9720.

Sincerely,

*Stephanie Gonzalez*

Stephanie Gonzalez, Licensing Consultant  
Bureau of Community and Health Systems  
Adult Foster Care Licensing Consultant  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
Phone: 517-243-6063  
Fax: 517-284-9729

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS370069126
<b>Licensee Name:</b>	Pelcher AFC Home Inc
<b>Licensee Address:</b>	9084 E Weidman Mt. Pleasant, MI 48858
<b>Licensee Telephone #:</b>	(989) 433-5386
<b>Licensee/Licensee Designee:</b>	Gloria Guthrie, Designee
<b>Administrator:</b>	Gloria Guthrie
<b>Name of Facility:</b>	Pelchers I
<b>Facility Address:</b>	4480 N Shepherd Rd Mt Pleasant, MI 48858
<b>Facility Telephone #:</b>	(989) 433-5446
<b>Original Issuance Date:</b>	01/01/1996
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/10/2018

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 08/08/2018

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 2  
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.
- 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 found to be in non-compliance with the following rules:

**R 400.14315            Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident fund forms were not completed for all three residents for the months of July 2018, August 2018, September 2018, and October 2018.

A corrective action plan was requested and approved on 10/10/2018. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



10/12/2018

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Licensing Consultant

Date