



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 12, 2019

David and Cheryl Solberg
2028 KEMMER RD
MANISTEE, MI 49660

RE: License #: AF510395853
The Solberg Family Home
2028 Kemmer Rd.
Manistee, MI 49660

Dear David and Cheryl Solberg:

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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in red ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #:	AF510395853
Licensee Name:	David and Cheryl Solberg
Licensee Address:	2028 KEMMER RD MANISTEE, MI 49660
Licensee Telephone #:	(231) 510-7862
Name of Facility:	The Solberg Family Home
Facility Address:	2028 Kemmer Rd. Manistee, MI 49660
Facility Telephone #:	(231) 510-7862
Original Issuance Date:	02/07/2019
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/12/2019

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

Date of Health Authority Inspection if applicable: 09/25/2018

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 1
No. of others interviewed 0 Role: [REDACTED]

- 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. none have been completed yet.
- 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.

On July 12, 2019, I conducted an exit conference with Licensee David Solberg. I explained my finding as noted above. Mr. Solberg indicated he understood and had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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



July 12, 2019

Bruce A. Messer
Licensing Consultant

Date