



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 27, 2020

Susan Myers  
1859 W Hansen Rd  
Scottville, MI 49454

RE: License #: AM530250463  
**Krystal Manor AFC**  
**1859 W. Hansen Road**  
**Scottville, MI 49454**

Dear Ms. Myers:

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. Report for the facility referenced above.

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 cursive script that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4942

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

**I. IDENTIFYING INFORMATION**

<b>License License #:</b>	AM530250463
<b>Licensee Name:</b>	Susan Myers
<b>Licensee Address:</b>	1859 W Hansen Rd Scottville, MI 49454
<b>Licensee Telephone #:</b>	(231) 757-4776
<b>Administrator:</b>	Susan Myers
<b>Name of Facility:</b>	Krystal Manor AFC
<b>Facility Address:</b>	1859 W. Hansen Road Scottville, MI 49454
<b>Facility Telephone #:</b>	(231) 757-4776
<b>Original Issuance Date:</b>	08/18/2003
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/23/2020

Date of Bureau of Fire Services Inspection if applicable: 10/31/2020

Date of Health Authority Inspection if applicable: 10/23/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 4  
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.
- 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.





**IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

*Rhonda Richards*

01/27/2020

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Rhonda Richards  
Licensing Consultant

Date