GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 28, 2021

Sharie Cameron
14299 Weir Rd
Clio, MI 48420

RE: License #: AM250074205
Cameron AFC 2
14294 N Saginaw
Clio, MI 48420

Dear Ms. Cameron:

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 will be 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 (810) 787-7031.

Sincerely,

Crecendra Brown

Crecendra Brown, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-0965

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

I. IDENTIFYING INFORMATION

License #:	AM250074205
Licensee Name:	Sharie Cameron
Licensee Address:	14299 Weir Rd Clio, MI 48420
Licensee Telephone #:	(810) 687-7957
Licensee/Licensee Designee:	Sharie Cameron
Administrator:	
Name of Facility:	Cameron AFC 2
Facility Address:	14294 N Saginaw Clio, MI 48420
Facility Telephone #:	(810) 686-7045
Original Issuance Date:	01/16/1997
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2021

Date of Bureau of Fire Services Inspection if applicable: 07/21/2020

Date of Health Authority Inspection if applicable: 05/10/2021

Inspection Type: ☐ Interview and Observation ☐ Worksheet
☒ Combination ☒ Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: Manager

- 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.

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 medium group home (capacity 7-12).

Crecendra Brown May 28, 2021

Crecendra Brown Date
Licensing Consultant