



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 19, 2021

Meron Yosef  
ABEBA AFC Homes, Inc.  
92 Center Street  
Pontiac, MI 48342

RE: License #: AS630332497  
**Abeba AFC Home**  
**92 Center Street**  
**Pontiac, MI 48342**

Dear Ms. Yosef:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-4475

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AS630332497                              |
| <b>Licensee Name:</b>          | ABEBA AFC Homes, Inc.                    |
| <b>Licensee Address:</b>       | 92 Center Street<br>Pontiac, MI 48342    |
| <b>Licensee Telephone #:</b>   | (248) 481-7367                           |
| <b>Licensee Designee:</b>      | Meron Yosef                              |
| <b>Administrator:</b>          | Meron Yosef                              |
| <b>Name of Facility:</b>       | Abeba AFC Home                           |
| <b>Facility Address:</b>       | 92 Center Street<br>Pontiac, MI 48342    |
| <b>Facility Telephone #:</b>   | (248) 481-7367                           |
| <b>Original Issuance Date:</b> | 09/12/2012                               |
| <b>Capacity:</b>               | 6  |
| <b>Program Type:</b>           | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/18/2021

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

Date of Health Authority Inspection if applicable: N/A

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 6  
No. of others interviewed 0 Role: N/A

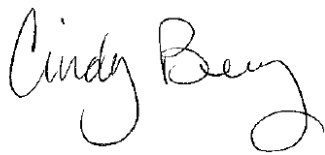
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
Breakfast had already been served at the time the on-site inspection was conducted
- 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 2-year regular adult foster care license.



02/19/2021

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Cindy Berry  
Licensing Consultant

Date