



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 3, 2021

Linda Willford  
4205 Willford Rd  
Gladwin, MI 48624

RE: License #:	AF260002071 Willford AFC I 4205 Willford Rd Gladwin, MI 48624
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Dear Mrs. Willford:

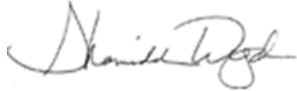
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF260002071
<b>Licensee Name:</b>	Linda Willford
<b>Licensee Address:</b>	4205 Willford Rd Gladwin, MI 48624
<b>Licensee Telephone #:</b>	(989) 426-4429
<b>Licensee:</b>	Linda Willford
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Willford AFC I
<b>Facility Address:</b>	4205 Willford Rd Gladwin, MI 48624
<b>Facility Telephone #:</b>	(989) 426-4429
<b>Original Issuance Date:</b>	09/14/1982
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/25/2021

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

Date of Health Authority Inspection if applicable: 05/19/2021

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 N/A Role: [REDACTED]

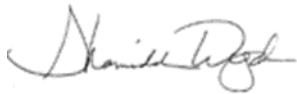
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
This inspection was not completed during a mealtime.
- 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.  
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
09/13/2019 R416(3), R330.1803(1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in non-compliance with the following rules:	
<b>R400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	<b>(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.</b>
At the time of inspection, there was no current TB test on file and observed for licensee Linda Willford.	

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, and completion of Special Investigation report #2021A0123043, renewal of the license and special certification to this AFC family group home (capacity 6) is recommended.



09/03/2021

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Shamidah Wyden  
Licensing Consultant

Date