



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 18, 2021

Lois Anglebrandt
2063 West Birch Hill
Smith's Creek, MI 48074

RE: License #: AF740005675
Elliotts Afc Home
2063 West Birch Hill
Smiths Creek, MI 48074

Dear Mr./Ms. Anglebrandt:

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 'L. Reed'.

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #:	AF740005675
Licensee Name:	Lois Anglebrandt
Licensee Address:	2063 West Birch Hill Smith's Creek, MI 48074
Licensee Telephone #:	(810) 367-6043
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Elliotts Afc Home
Facility Address:	2063 West Birch Hill Smith's Creek, MI 48074
Facility Telephone #:	(810) 367-6043
Original Issuance Date:	03/03/1989
Capacity:	5
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/06/2021

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

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

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

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 5

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

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
I observed medications.
- 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.
I observed adequate food supply.
- 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 case license.



10/18/2021

LaShonda Reed
Licensing Consultant

Date