



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 7, 2021

Sarah Luna  
15908 US Hwy 27 North  
Marshall, MI 49068

RE: License #: AF130318133  
**Best Care Plus Living Center West**  
**15908 US Hwy 27 North**  
**Marshall, MI 49068**

Dear Ms. Luna:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF130318133
<b>Licensee Name:</b>	Sarah Luna
<b>Licensee Address:</b>	15908 US Hwy 27 North Marshall, MI 49068
<b>Licensee Telephone #:</b>	(269) 986-7888
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Sarah Luna
<b>Name of Facility:</b>	Best Care Plus Living Center West
<b>Facility Address:</b>	15908 US Hwy 27 North Marshall, MI 49068
<b>Facility Telephone #:</b>	(269) 986-7888
<b>Original Issuance Date:</b>	06/21/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/06/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

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 5

No. of others interviewed  Role:

- 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. No funds held by AFC.
- 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 2-year regular adult foster care license.

Nile Khabeiry, LMSW

12/7/2021

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Nile Khabeiry  
Licensing Consultant

Date