



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 20, 2021

Georgia Cameron & Renee Cameron
805 Okemos Rd.
Mason, MI 48854

RE: License #: AF330384262
Walnut Acres AFC
805 Okemos Rd.
Mason, MI 48854

Dear Georgia Cameron & Renee 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 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 cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #:	AF330384262
Licensee Name:	Georgia Cameron & Renee Cameron
Licensee Address:	805 Okemos Rd. Mason, MI 48854
Licensee Telephone #:	(517) 676-2021
Name of Facility:	Walnut Acres AFC
Facility Address:	805 Okemos Rd. Mason, MI 48854
Facility Telephone #:	(517) 604-9492
Original Issuance Date:	06/27/2017
Capacity:	4
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/20/2021

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 08/25/2021

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 3

No. of others interviewed 2 Role: licensees

- 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.
Worksheet inspection did not occur at meal time. The food sources and equipment appeared satisfactory.
- 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.
No reportable incidents
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
12/3/19 for rules 407 (6) and 421 (5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 – year regular adult foster care license.



12/20/21

Leslie Herrguth
Licensing Consultant

Date