

GRETCHEN WHITMER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 29, 2022

Tawnya Ebels Prevailing Grace, LLC 292 E. Falmouth Rd. Falmouth, MI 49632

RE: License #: AM570388583

Quiet Creek AFC 292 E Falmouth Rd Falmouth, MI 49632

Dear Ms. Ebels:

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 (616) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant

Brene O Messen

Bureau of Community and Health Systems

Suite 11

701 S. Elmwood

Traverse City, MI 49684

(231) 342-4939

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

#### I. IDENTIFYING INFORMATION

**License #:** AM570388583

Licensee Name: Prevailing Grace, LLC

**Licensee Address:** 292 E Falmouth Rd

Falmouth, MI 49632

**Licensee Telephone #:** (231) 826-0020

Licensee Designee: Tawnya Ebels

Administrator: Tawnya Ebels

Name of Facility: Quiet Creek AFC

**Facility Address:** 292 E Falmouth Rd

Falmouth, MI 49632

**Facility Telephone #:** (231) 826-0020

Original Issuance Date: 01/02/2018

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED

AGED

## II. METHODS OF INSPECTION

Date	Date of On-site Inspection(s):		05/18/2022	
Date of Bureau of Fire Services Inspection if applicable: 06/08/2022				
Date of Health Authority Inspection if applicable:				06/14/2022
Inspection Type:   Interview and Ob Combination		ervatio	n ⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed  O Role:				3 9
•	Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.			
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \)			
•	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 exp	olain) No 🗍 🛚	N/A 🔀	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

On June 29, 2022, I provided Licensee Designee Tawnya Ebels with an exit conference. I explained to her the above findings and conclusions. Ms. Ebels indicated she understood and had no further questions pertaining to this renewal inspection.

## IV. RECOMMENDATION

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

Brene O Klasier June 29, 2022

Bruce A. Messer Date

**Licensing Consultant**