



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 14, 2022

Carol Dalson
3475 E. Tyler
Twin Lake, MI 49457

RE: License #:	AF610263945 Paul's Place AFC 3475 E. Tyler Twin Lake, MI 49457
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Dear Ms. Dalson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AF610263945
Licensee Name:	Carol Dalson
Licensee Address:	3475 E. Tyler Twin Lake, MI 49457
Licensee Telephone #:	(231) 744-5336
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Paul's Place AFC
Facility Address:	3475 E. Tyler Twin Lake, MI 49457
Facility Telephone #:	(231) 744-5336
Original Issuance Date:	04/05/2004
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/28/2022

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

Date of Health Authority Inspection if applicable: 06/14/2022

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 3
No. of others interviewed 1 Role: Licensee, C. Dalson

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
A review of the MAR and the medications was conducted.
- 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.
- 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 IR's filed
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
R438(4) emergency preparedness 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 compliance with rules and requirements.

IV. RECOMMENDATION

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

A handwritten signature in cursive script that reads "Elizabeth Elliott".

10/14/2022

Elizabeth Elliott
Licensing Consultant

Date