



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 24, 2022

Cheria Gross
Gross Adult Foster Care Inc.
1267 E Farrand Rd
Clio, MI 48420

RE: License #: AL250255297
Gross AFC
5286 E. Vienna Road
Clio, MI 48420

Dear Ms. Gross:

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 and special certification are 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 "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

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

I. IDENTIFYING INFORMATION

License #: AL250255297

Licensee Name: Gross Adult Foster Care Inc.

Licensee Address: 1267 E Farrand Rd
Clio, MI 48420

Licensee Telephone #: (810) 691-1459

Licensee/Licensee Designee: Cheria Gross

Administrator: Cheria Gross

Name of Facility: Gross AFC

Facility Address: 5286 E. Vienna Road
Clio, MI 48420

Facility Telephone #: (810) 691-1459

Original Issuance Date: 09/19/2003

Capacity: 14

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 05/20/2022

Date of Bureau of Fire Services Inspection: 06/23/2022

Date of Health Authority Inspection: 02/16/2022

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 11
No. of others interviewed 1 Role: Administrator

- 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.
- 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 with special certification for developmentally disabled and mentally ill residents.



05/24/2022

Derrick Britton
Licensing Consultant

Date