



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 9, 2022

Andrew Akunne
Tyler Adult Foster Care Inc
3879 Packard
Ann Arbor, MI 48108

RE: License #: AM820009931
Tyler AFC Home
42901 Tyler
Belleville, MI 48111

Dear Mr. Akunne:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license are renewed. The license 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

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

I. IDENTIFYING INFORMATION

License #: AM820009931

Licensee Name: Tyler Adult Foster Care Inc.

Licensee Address: 3879 Packard
Ann Arbor, MI 48108

Licensee Telephone #: (734) 973-7764

Licensee/Licensee Designee: Andrew Akunne

Administrator: N/A

Name of Facility: Tyler AFC Home

Facility Address: 42901 Tyler
Belleville, MI 48111

Facility Telephone #: (734) 391-8471

Original Issuance Date: 03/03/1983

Capacity: 7

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/09/2022

Date of Bureau of Fire Services Inspection if applicable: 10/29/2021

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
No due to COVID-19.
- 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.
No meals prepared/served during renewal inspection.
- 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:
12/01/2020: 312(4)(b), 301(4), and 206(3) 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.



Vanita C. Bouldin
Licensing Consultant

Date: 11/09/2022