



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 22, 2022

Holly Schlaud
Rt 1 Box 142
W8677 CR 356
Stephenson, MI 49887

RE: License #: AM550009067
Schlaud Afc Home
W8677 Cr 356
Stephenson, MI 49887

Dear Mrs. Schlaud:

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 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #:	AM550009067
Licensee Name:	Holly Schlaud
Licensee Address:	Rt 1 Box 142 W8677 CR 356 Stephenson, MI 49887
Licensee Telephone #:	(906) 753-4092
Licensee/Licensee Designee:	N/A
Administrator:	Holly Schlaud
Name of Facility:	Schlaud Afc Home
Facility Address:	W8677 Cr 356 Stephenson, MI 49887
Facility Telephone #:	(906) 753-4092
Original Issuance Date:	02/26/1988
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/10/2022

Date of Bureau of Fire Services Inspection if applicable: 05/05/2022

Date of Health Authority Inspection if applicable: 08/10/2022

Inspection Type: ☐ Interview and Observation ☐ Worksheet
☒ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

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

- 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.
None available
- 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

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 and special certification.

Maria DeBacker

8/22/22

Maria DeBacker
Licensing Consultant

Date