



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 11, 2023

Christi Bergey
Friendship Family Homes
215 Hughston St
McBain, MI 49657

RE: License #: AS570012124
Friendship Family Home
215 Hughston
McBain, MI 49657

Dear Mrs. Bergey:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
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 #:	AS570012124
Licensee Name:	Friendship Family Homes
Licensee Address:	215 Hughston St McBain, MI 49657
Licensee Telephone #:	(231) 825-2042
Licensee Designee:	Christi Bergey
Administrator:	Christi Bergey
Name of Facility:	Friendship Family Home
Facility Address:	215 Hughston McBain, MI 49657
Facility Telephone #:	(231) 825-2042
Original Issuance Date:	07/16/1990
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/10/2023

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: ORR

- 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

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

On January 10, 2023, I conducted an exit conference with Licensee Designee Christi Bergey. I explained my finding as noted above. Ms. Bergey noted that she understood, that she had no further information to provide, and that she had no further questions pertaining to this renewal investigation.

IV. RECOMMENDATION

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

 January 11, 2023

Bruce A. Messer
Licensing Consultant

Date