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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 28, 2022

Edward Powell
Amazing Grace AFC, LLC
11400 Coral Road
Coral, MI 49322

RE: License #: AM590355381
Amazing Grace AFC
11400 Coral Road
Coral, MI 49322

Dear Mr. Powell:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Once an approved BFS inspection is received, your Adult Foster Care medium group home license and special certification will be renewed. The regular 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 (517) 284-9730.

Sincerely,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #:	AM590355381
Licensee Name:	Amazing Grace AFC, LLC
Licensee Address:	11400 Coral Road Coral, MI 49322
Licensee Telephone #:	(231) 354-6564
Licensee/Licensee Designee:	Edward Powell
Administrator:	Edward Powell
Name of Facility:	Amazing Grace AFC
Facility Address:	11400 Coral Road Coral, MI 49322
Facility Telephone #:	(231) 354-6564
Original Issuance Date:	06/03/2014
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/22/2022

Date of Bureau of Fire Services Inspection if applicable: 09/20/2022-C rating

Date of Health Authority Inspection if applicable: 09/14/2022

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed
No. of others interviewed Role:

- 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.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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

Contingent upon an approved Bureau of Fire Services inspection, renewal of the license and special certification is recommended.

Jennifer Browning

Jennifer Browning
Licensing Consultant

11/28/2022

Date