



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 1, 2023

Carrie Dextrom
Union Square AFC Home, LLC
4045 N. Seeley Rd.
Manton, MI 49663

RE: License #: AL570403996
Magnolia Care Estates AFC home
2439 E Houghton Lake Road
Lake City, MI 49651

Dear Ms. Dextrom:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in red ink that reads "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 #: AL570403996

Licensee Name: Union Square AFC Home, LLC

Licensee Address: 4045 N. Seeley Rd.
Manton, MI 49663

Licensee Telephone #: (231) 878-8352

Licensee Designee: Carrie Dextrom

Administrator: Carrie Dextrom

Name of Facility: Magnolia Care Estates AFC home

Facility Address: 2439 E Houghton Lake Road
Lake City, MI 49651

Facility Telephone #: (231) 328-2105

Original Issuance Date: 09/21/2020

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/28/2023
Date of Bureau of Fire Services Inspection if applicable: 12/05/2022
Date of Health Authority Inspection if applicable: 12/06/2022
No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 8
No. of others interviewed 0 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.
- 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 February 28, 2023, I conducted an exit conference with Licensee Designee Carrie Dextrom. I explained my findings as noted above. Ms. Dextrom noted she understood, stated she had no further information to provide concerning this renewal inspection, and had no further questions.

IV. RECOMMENDATION

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

 March 1, 2023

Bruce A. Messer
Licensing Consultant

Date