



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 17, 2023

Timothy Downing
Medallion Village Ltd.
628 E Main St
Sebewaing, MI 48759

RE: License #: AL320293084
Medallion Village AFC
628 E Main St
Sebewaing, MI 48759

Dear Mr. Downing:

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|---|
| License #: | AL320293084 |
| Licensee Name: | Medallion Village Ltd. |
| Licensee Address: | 628 E Main St Sebewaing, MI 48759 |
| Licensee Telephone #: | (989) 883-9902 |
| Licensee Designee: | Timothy Downing |
| Administrator: | Timothy Downing |
| Name of Facility: | Medallion Village AFC |
| Facility Address: | 628 E Main St Sebewaing, MI 48759 |
| Facility Telephone #: | (989) 883-9902 |
| Original Issuance Date: | 09/29/2008 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED |
| | |
| | |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/26/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No residents in care.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
No residents in care.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☐ No ☒ If no, explain. No residents in care.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No residents in care.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
No residents in care.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.
No residents in care.
- 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.
No residents in care.
- 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 found to be in non-compliance with the following rules: | |
| MCL 400.717 | Provisional license. |
| | (1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period. |
| There have been no residents in care for the past 2 years. | |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Kathryn A. Huber

05/17/2023

Kathryn A. Huber
Licensing Consultant

Date