



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 22, 2023

Carrie Dextrom
Magnolia Care AFC Home LLC
4045 N Seeley Road
Manton, MI 49663

RE: License #: AL570396923
Magnolia Care AFC West
9200 W Walker Road
Manton, MI 49663

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue 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 #: AL570396923

Licensee Name: Magnolia Care AFC Home LLC

Licensee Address: 4045 N Seeley Road
Manton, MI 49663

Licensee Telephone #: (231) 878-8352

Licensee Designee: Carrie Dextrom

Administrator: Carrie Dextrom

Name of Facility: Magnolia Care AFC West

Facility Address: 9200 W Walker Road
Manton, MI 49663

Facility Telephone #: (231) 839-4585

Original Issuance Date: 02/20/2019

Capacity: 17

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/20/2023
Date of Bureau of Fire Services Inspection if applicable: 12/02/2022
Date of Health Authority Inspection if applicable: 06/13/2023
No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 9
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 June 20, 2023, I conducted an exit conference with Licensee Designee Carrie Dextrom. I explained my findings as noted above. Ms. Dextrom stated she understood and that she had no further questions concerning this renewal inspection.

IV. RECOMMENDATION

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

 June 22, 2023

Bruce A. Messer
Licensing Consultant

Date