



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 12, 2023

Forvilly, Julie  
7754 Co 416J Rd.  
Gladstone, MI 49837

RE: License #: AF210277469  
Sunny View AFC Home  
7754 Co 416J Road  
Gladstone, MI 49837

Dear Forvilly, Julie:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems  
305 Ludington St  
Escanaba, MI 49829  
(906) 280-8531

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF210277469
<b>Licensee Name:</b>	Forvilly, Julie
<b>Licensee Address:</b>	7754 Co 416J Rd. Gladstone, MI 49837
<b>Licensee Telephone #:</b>	(906) 786-2666
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	NA
<b>Name of Facility:</b>	Sunny View AFC Home
<b>Facility Address:</b>	7754 Co 416J Road Gladstone, MI 49837
<b>Facility Telephone #:</b>	(906) 786-2666
<b>Original Issuance Date:</b>	12/15/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/05/2023

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 4  
No. of others interviewed [redacted] 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.  
Time did not permit
- 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.  
None available
- 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.

**IV. RECOMMENDATION**

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

*Maria Debacker*

6/12/23

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Maria Debacker  
Licensing Consultant

Date