



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 26, 2023

Carolyn Frisby
9378 Lyle Meadow Lane
Clio, MI 48420

RE: License #:	AF250372767 Carolyn Assisted Living AFC 9378 Lyle Meadow Lane Clio, MI 48420
----------------	---

Dear Carolyn Frisby:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care family home license is renewed. The 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) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
(989) 395-6853

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

I. IDENTIFYING INFORMATION

License #:	AF250372767
Licensee Name:	Carolyn Frisby
Licensee Address:	9378 Lyle Meadow Lane Clio, MI 48420
Licensee Telephone #:	810-287-2730
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Carolyn Assisted Living AFC
Facility Address:	9378 Lyle Meadow Lane Clio, MI 48420
Facility Telephone #:	(810) 429-7827
Original Issuance Date:	04/17/2015
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/20/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 06/22/2023

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

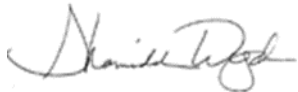
- Medication pass / simulated pass observed? Yes No If no, explain.
There have been no residents in care since 05/12/2023.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
Medication records were reviewed. There were no current resident medications in the home to observe.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
There have been no residents in care since 05/12/2023.
- 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.
There were no incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
12/27/2021, AF418(4)(a) 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

I recommend issuance of a regular license to this AFC family group home (capacity 4).



09/26/2023

Shamidah Wyden
Licensing Consultant

Date