



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 15, 2023

Eric Waller II
Laurel Heights AFC, LLC
3192 Bridle Path
Flint, MI 48507

RE: License #: AS250405808
Laurel Heights AFC
1253 Dyemeadow Ln
Flint, MI 48532

Dear Mr. Waller II:

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) 643-7960.

Sincerely,

A handwritten signature in black ink, appearing to read "Garrett Peters".

Garrett Peters, on behalf of, Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
234 W Baraga Ave
Marquette MI 49855
906-250-9318

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

I. IDENTIFYING INFORMATION

License #:	AS250405808
Licensee Name:	Laurel Heights AFC, LLC
Licensee Address:	1253 Dyemeadow Ln Flint, MI 48532
Licensee Telephone #:	(810) 877-8788
Licensee Designee:	Eric Waller II
Administrator:	Keishia Wilson
Name of Facility:	Laurel Heights AFC
Facility Address:	1253 Dyemeadow Ln Flint, MI 48532
Facility Telephone #:	(810) 877-8788
Original Issuance Date:	03/10/2021
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/09/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

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.
- 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

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



8/15/2023

Garrett Peters, on behalf of, Derrick Britton Date
Licensing Consultant