



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 16, 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:

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 large group home license are renewed. The 1st provisional 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,

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): 10/11/2023

Date of Bureau of Fire Services Inspection if applicable: 07/18/2023

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 1

No. of others interviewed n/a Role:

- 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.
Lunch was served after the inspection was complete.
- 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:
SI 2023A0871031, dated 03/31/2023, R 1403(1); Renewa dated 04/26/2023, R
ASEC 717(3) 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 to this adult foster care large group home (capacity 13-20).



Kathryn A. Huber
Licensing Consultant

Date