



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 30, 2023

Ashley Williams
TLK AFC Home LLC
7230 N US 131
Manton, MI 49663

RE: License #: AS830416362
TLK AFC Home LLC
7230 N US 131
Manton, MI 49663

Dear Ashley Williams:

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 are 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 #: AS830416362

Licensee Name: TLK AFC Home LLC

Licensee Address: 7230 N US 131
Manton, MI 49663

Licensee Telephone #: (231) 920-9276

Licensee Designee: Ashley Williams

Administrator: Ashley Williams

Name of Facility: TLK AFC Home LLC

Facility Address: 7230 N US 131
Manton, MI 49663

Facility Telephone #: (231) 920-9276

Original Issuance Date: 06/07/2023

Capacity: 6

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): 11/29/2023

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

Date of Health Authority Inspection if applicable: 02/21/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 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? 1 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 November 29, 2023, I conducted an exit conference with Licensee Designee Ashley Williams. I explained my findings and recommendation as noted above. Ms. Williams stated she understood, that she had no further information to provide concerning this renewal inspection, and she had no further questions.

IV. RECOMMENDATION

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

 November 30, 2023

Bruce A. Messer
Licensing Consultant

Date