



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 19, 2023

Danielle Lail
Carpenters AFC Inc
2801 Orchard Beach Road
Cheboygan, MI 49721

RE: License #: AM160008033
Carpenters AFC Home
2801 Orchard Beach R
Cheboygan, MI 49721

Dear Ms. Lail:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #: AM160008033

Licensee Name: Carpenters AFC Inc

Licensee Address: 2801 Orchard Beach Road
Cheboygan, MI 49721

Licensee Telephone #: (231) 625-9645

Licensee/Licensee Designee: Danielle Lail, Designee

Administrator: Danielle Lail

Name of Facility: Carpenters AFC Home

Facility Address: 2801 Orchard Beach R
Cheboygan, MI 49721

Facility Telephone #: (231) 625-9645

Original Issuance Date: 06/28/1985

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/15/2023

Date of Bureau of Fire Services Inspection if applicable: 06/12/2023

Date of Health Authority Inspection if applicable: 08/15/2023

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: Licensee Designee

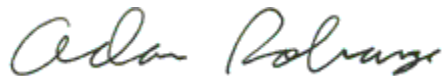
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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 two-year regular adult foster care license.



12/19/2023

Adam Robarge
Licensing Consultant

Date