



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 4, 2022

Jeffrey Smith
Karlene Smith
2368 Bankers Road
Hillsdale, MI 49242

RE: License #: AF300082183
Smith AFC Home
2368 Bankers Road
Hillsdale, MI 49242

Dear Mr. and Mrs. Smith:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 240-3850

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--|
| License #: | AF300082183 |
| Licensee Name: | Jeffrey Smith |
| Licensee Address: | 2368 Bankers Road Hillsdale, MI 49242 |
| Licensee Telephone #: | (517) 437-4277 |
| Licensee: | Jeffrey and Karlene Smith |
| Name of Facility: | Smith AFC Home |
| Facility Address: | 2368 Bankers Road Hillsdale, MI 49242 |
| Facility Telephone #: | (517) 437-4277 |
| Original Issuance Date: | 11/16/1999 |
| Capacity: | 5 |
| Program Type: | DEVELOPMENTALLY DISABLED AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/13/22

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

Date of Health Authority Inspection if applicable: 1/13/22, A Rating

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 2 of 4
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. No resident funds held by home.
- Meal preparation / service observed? Yes No If no, explain.
Meal time was not concurrent with inspection. Adequate food was observed during the inspection.
- 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.
No incident reports received
- 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
One age waiver granted 4/22 and compliant.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

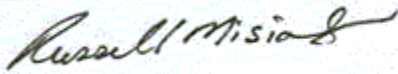
I recommend issuance of a 2-year regular adult foster care license.



4/22/22

Dwight Forde
Licensing Consultant

Date



5/4/22

Russell Misiak
Area Manager

Date