



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 1, 2024

Michele Kolleth
FAITH Inc.
P.O.Box 432
Chesaning, MI 48616

RE: License #: AS790015086
Arlington Dr.
637 Arlington Drive
Caro, MI 48723

Dear Ms. Kolleth:

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 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 cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AS790015086
Licensee Name:	FAITH Inc.
Licensee Address:	PO Box 432 137 S. Saginaw Street Chesaning, MI 48616
Licensee Telephone #:	(989) 239-6566
Licensee/Licensee Designee:	Michele Kolleth
Administrator:	Michele Kolleth
Name of Facility:	Arlington Dr.
Facility Address:	637 Arlington Drive Caro, MI 48723
Facility Telephone #:	(989) 672-4090
Original Issuance Date:	01/03/1994
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/26/2024

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Environmental/Health Inspection if applicable: n/a

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 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.
- 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.

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

07/01/2024

Anthony Humphrey
Licensing Consultant

Date