



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 20, 2024

Cynthia Davison
121 Barrington Circle
Alpena, MI 49707

RE: License #: AF040356848
Davison Home
121 Barrington Circle
Alpena, MI 49707

Dear Ms. Davison:

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 blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #:	AF040356848
Licensee Name:	Cynthia Davison
Licensee Address:	121 Barrington Circle Alpena, MI 49707
Licensee Telephone #:	(989) 358-6666
Licensee/Licensee Designee:	N/A
Administrator:	Cynthia Davison
Name of Facility:	Davison Home
Facility Address:	121 Barrington Circle Alpena, MI 49707
Facility Telephone #:	(989) 464-5131
Original Issuance Date:	03/25/2014
Capacity:	3
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/20/2024

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

Date of Health Authority Inspection if applicable: 05/21/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed Role:

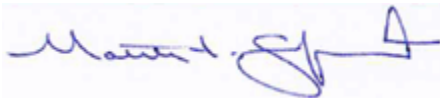
- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No residents in home at time of inspection
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No residents in home at time of 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.
- 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 blue ink, appearing to read "Matthew Soderquist", is written over a light blue horizontal line.

9/20/24

Matthew Soderquist
Licensing Consultant

Date