



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 26, 2024

Joseph Sanders  
33 Latta Street  
Battle Creek, MI 49017

RE: License #: AF130401365  
Sanders AFC  
33 Latta Street  
Battle Creek, MI 49017

Dear Mr. Sanders:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. **To verify your implementation and compliance with this corrective action plan.**

- You are to submit documentation of compliance within 15 days of the received report.

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this AFC adult small group home, capacity of six. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

*Kevin L Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(517) 230-3704  
[SellersK1@michigan.gov](mailto:SellersK1@michigan.gov)

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

**I. IDENTIFYING INFORMATION**

**License #:** AF130401365

**Licensee Name:** Joseph Sanders

**Licensee Address:** 33 Latta Street  
Battle Creek, MI 49017

**Licensee Telephone #:** (269) 965-1837

**Licensee :** Joseph Sanders

**Administrator:** N/A

**Name of Facility:** Sanders AFC

**Facility Address:** 33 Latta Street  
Battle Creek, MI 49017

**Facility Telephone #:** (269) 965-1837

**Original Issuance Date:** 03/26/2020

**Capacity:** 6

**Program Type:** MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/25/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee

- 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.  
No meals serviced during inspection.
- 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:  
CAP on 9/25/24 440(6) 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 found to be in non-compliance with the following rules:

**R 400.1440**

**Heat-producing equipment.**

**(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.**

At the time of the renewal inspection the 1 3/4 inch solid wood fire rated door located in the kitchen leading to the basement for floor separation was observed not equipped with an automatic self-closing device attached to the door.

#### **IV. RECOMMENDATION**

A corrective action plan was requested and approved on 09/25/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

Contingent upon receipt of acceptable documentation for the corrective action plan, renewal of the license is recommended.

*Kevin L. Sellers*

9/26/24

---

Kevin Sellers  
Licensing Consultant

Date