



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 24, 2024

Paige Anna and Paige, Jr Arthur  
G 3472 W. Pasadena Ave  
Flint, MI 48505

RE: License #:	AM250008192 <b>Paige AFC</b> <b>402 University Ave</b> <b>Flint, MI 48503</b>
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Dear Paige Anna and Paige, Jr Arthur:

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 are 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,

Martin Gonzales, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250008192
<b>Licensee Name:</b>	Paige Anna and Paige, Jr Arthur
<b>Licensee Address:</b>	G 3472 W. Pasadena Ave Flint, MI 48505
<b>Licensee Telephone #:</b>	(810) 787-0708
<b>Licensee/Licensee Designee:</b>	Paige Anna and Paige, Jr Arthur
<b>Administrator:</b>	Arthur Page Jr.
<b>Name of Facility:</b>	Paige AFC
<b>Facility Address:</b>	402 University Ave Flint, MI 48503
<b>Facility Telephone #:</b>	(810) 239-8171
<b>Original Issuance Date:</b>	04/15/1981
<b>Capacity:</b>	10
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/24/2024

Date of Bureau of Fire Services Inspection if applicable: 11/09/23

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 7

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.
- 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? 0 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 regular license and special certification to this AFC adult medium group home (capacity 7-12).



07/24/2024

Martin Gonzales Licensing Consultant	Date
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