



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 2, 2024

Kimberly Lawler
PO Box 187
Port Sanilac, MI 48469

RE: License #: AM760402427
Carols A.F.C. Home
7252 Cedar Street
Port Sanilac, MI 48469

Dear Ms. Lawler:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|---|
| License #: | AM760402427 |
| Licensee Name: | Kimberly Lawler |
| Licensee Address: | 7795 W. Weidman Rd. Weidman, MI 48893 |
| Licensee Telephone #: | (810) 404-1010 |
| Licensee/Licensee Designee: | N/A |
| Administrator: | Carol Lawler |
| Name of Facility: | Carols A.F.C. Home |
| Facility Address: | 7252 Cedar Street Port Sanilac, MI 48469 |
| Facility Telephone #: | (810) 622-8009 |
| Original Issuance Date: | 04/06/2020 |
| Capacity: | 12 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2024

Date of Bureau of Fire Services Inspection if applicable: 09/16/2024

Date of Health Authority Inspection if applicable: 09/30/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 10

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, appearing to read "Anthony Humphrey", with a large, stylized loop at the end.

10/02/2024

Anthony Humphrey
Licensing Consultant

Date