



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 22, 2024

Michelle Brown  
205 Mill St  
OTISVILLE, MI 48463

RE: License #: AS250411511  
**Loving Hearts AFC**  
**11437 N Henderson RD**  
**Otisville, MI 48463**

Dear Michelle Brown:

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: *(choose one or more)*

- You are to submit documentation of compliance.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250411511

**Licensee Name:** Michelle Brown

**Licensee Address:** 205 Mill St  
OTISVILLE, MI 48463

**Licensee Telephone #:** (810) 391-8257

**Licensee/Licensee Designee:** N/A

**Administrator:** Michelle Brown

**Name of Facility:** Loving Hearts AFC

**Facility Address:** 11437 N Henderson RD  
Otisville, MI 48463

**Facility Telephone #:** (810) 391-8257

**Original Issuance Date:** 06/06/2022

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/20/2024

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

Date of Health Authority Inspection if applicable: 08/08/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

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? 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 400.14306 Use of assistive devices.**

**(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.**

Licensee did not have a written authorization from a licensed physician on file for the use of bedrails for 1 resident. Bedrails were attached to residents bed.

**R 400.14313 Resident nutrition.**

**(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.**

Licensee did not have at least 1-years' worth of past menus used available for review.

A corrective action plan was requested and approved on 11/20/2024. 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.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



11/22/2024

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Christopher Holvey  
Licensing Consultant

Date