



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 5, 2024

Kahlia Harper
McFarlan Home
700 E. Kearsley St.
Flint, MI 48503

RE: License #: AH250356639
McFarlan Home
700 E. Kearsley St.
Flint, MI 48503

Dear Kahlia Harper:

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 review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH250356639
Licensee Name:	McFarlan Kearsley Residence, LLC
Licensee Address:	700 Kearsley St. Flint, MI 48503
Licensee Telephone #:	(810) 252-8684
Authorized Representative:	Kahlia Harper
Administrator:	LaSonji Southall
Name of Facility:	McFarlan Home
Facility Address:	700 E. Kearsley St. Flint, MI 48503
Facility Telephone #:	(810) 235-3077
Original Issuance Date:	05/30/2014
Capacity:	29
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/04/2024

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

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 12/04/2024

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 16
No. of others interviewed N/A Role

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. Facility does not maintain resident funds
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: SI#2023A0784023: SI#2023A1022050: 2024A1011006: 2024A1027080
- Number of excluded employees followed up? N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.



12/05/2024

Date

Licensing Consultant