



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 14, 2025

Laura Hemgesberg  
523 N. Hickory St.  
Owosso, MI 48867

RE: License #: AF780280506  
**Howard AFC #1**  
**523 N. Hickory Street**  
**Owosso, MI 48867**

Dear Ms. Hemgesberg:

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) 243-7590

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn".

Candace Coburn, 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>	AF780280506
<b>Licensee Name:</b>	Laura Hemgesberg
<b>Licensee Address:</b>	523 N. Hickory St. Owosso, MI 48867
<b>Licensee Telephone #:</b>	(989) 723-4420
<b>Licensee:</b>	Laura Hemgesberg
<b>Administrator:</b>	NA
<b>Name of Facility:</b>	Howard AFC #1
<b>Facility Address:</b>	523 N. Hickory Street Owosso, MI 48867
<b>Facility Telephone #:</b>	(989) 723-4420
<b>Original Issuance Date:</b>	04/18/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/09/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 0 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.  
Inspection done between morning and noon meal.
- 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 cursive script, reading "Candace Coburn", written in dark ink on a light background.

1/10/2025

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Candace Coburn  
Licensing Consultant

Date