



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 17, 2024

Katlyne Forquer-Friar  
4028 S Dickerson Rd  
LAKE CITY, MI 49651

RE: License #: AS570417969  
**Mama T's AFC**  
**4024 S Dickerson Rd**  
**Lake City, MI 49651**

Dear Katlyne Forquer-Friar:

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, reading 'Bruce A. Messer'.

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS570417969
<b>Licensee Name:</b>	Katlyne Forquer-Friar
<b>Licensee Address:</b>	4028 S Dickerson Rd LAKE CITY, MI 49651
<b>Licensee Telephone #:</b>	(984) 202-1150
<b>Name of Facility:</b>	Mama T's AFC
<b>Facility Address:</b>	4024 S Dickerson Rd Lake City, MI 49651
<b>Facility Telephone #:</b>	(231) 942-2147
<b>Original Issuance Date:</b>	02/16/2024
<b>Capacity:</b>	4
<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): 07/12/2024

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

Date of Health Authority Inspection if applicable: 11/01/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: ORR

- 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

The facility is in compliance with all applicable rules and statutes.

On July 12, 2024, I conducted an exit conference with Licensee Katlyne Forquer-Friar. I explained my findings as noted above. Ms. Forquer-Friar noted that she understood and she had no additional information or questions concerning this renewal inspection.

#### **IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



July 17, 2024

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Bruce A. Messer  
Licensing Consultant

Date