



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 14, 2025

Anna Simonson  
8227 W. Ballard  
Central Lake, MI 49622

RE: License #: AF050297571  
**Simonson AFC**  
**8227 W. Ballard**  
**Central Lake, MI 49622**

Dear Ms. Simonson:

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: 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, reading "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF050297571
<b>Licensee Name:</b>	Anna Simonson
<b>Licensee Address:</b>	8227 W. Ballard Central Lake, MI 49622
<b>Licensee Telephone #:</b>	(231) 544-9832
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Simonson AFC
<b>Facility Address:</b>	8227 W. Ballard Central Lake, MI 49622
<b>Facility Telephone #:</b>	(231) 544-9832
<b>Original Issuance Date:</b>	10/03/2008
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/12/2025

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

Date of Health Authority Inspection if applicable: 03/05/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee

- 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. None kept
- 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 rule:

**R 400.1426**

**Maintenance of premises.**

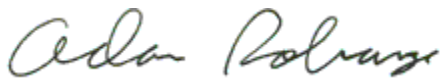
**(1) The premises shall be maintained in a clean and safe condition.**

The emergency exit from the upstairs was blocked by two pieces of drywall at the time of the inspection.

A corrective action plan was requested and approved on 03/12/2025. 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

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



3/14/2025

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Adam Robarge  
Licensing Consultant

Date