



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 4, 2025

Kimberly Brown
3737 Van Dyke Rd.
Decker, MI 48426

RE: License #: AS760277553
Brown AFC
3737 VanDyke
Decker, MI 48426

Dear Kimberly Brown:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(517) 648-8877

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

I. IDENTIFYING INFORMATION

License #: AS760277553

Licensee Name: Kimberly Brown

Licensee Address: 3737 Van Dyke Rd.
Decker, MI 48426

Licensee Telephone #: (989) 872-2508

Licensee: Kimberly Brown

Administrator: Kimberly Brown

Name of Facility: Brown AFC

Facility Address: 3737 VanDyke
Decker, MI 48426

Facility Telephone #: (810) 404-7199

Original Issuance Date: 10/15/2005

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/27/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 11/20/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

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.
Inspection completed after lunch
- 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 the issuance of a regular 2-year license to this AFC adult small group home (capacity 1-6).

Cynthia Badour

3/4/2025

Cynthia Badour
Licensing Consultant

Date