



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 11, 2024

Christle Clark
Seney Adult Foster Care, LLC
10710N Seney Ave.
Seney, MI 49883

RE: License #: AM770392658
Seney Adult Foster Care
10710N Seney Ave
Seney, MI 49883

Dear Ms. Clark:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems CAMP Office
223 Ridge Street
Marquette, MI 49855
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #: AM770392658

Licensee Name: Seney Adult Foster Care, LLC

Licensee Address: 10710N Seney Ave.
Seney, MI 49883

Licensee Telephone #: (906) 499-3336

Licensee/Licensee Designee: Christle Clark, Designee

Name of Facility: Seney Adult Foster Care

Facility Address: 10710N Seney Ave
Seney, MI 49883

Facility Telephone #: (906) 499-3336

Original Issuance Date: 06/28/2018

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/10/24

Date of Bureau of Fire Services Inspection if applicable: 8/7/24

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 8
No. of others interviewed [redacted] 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.
- 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

Choose one:

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

Maria Debacker

12/11/24

Maria Debacker
Licensing Consultant

Date