



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 2, 2025

Gail Farquhar
4909 Lapeer Road
Kimball, MI 48074

RE: License #:	AF740005607 Farquhar AFC 4909 Lapeer Road Kimball, MI 48074
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Dear Gail Farquhar:

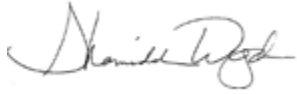
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged, authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 dark ink, appearing to read "Shamidah Wyden". The signature is fluid and cursive, with the first name being more prominent.

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AF740005607
Licensee Name:	Gail Farquhar
Licensee Address:	4909 Lapeer Road Kimball, MI 48074
Licensee Telephone #:	(810) 982-0412
Licensee:	Gail Farquhar
Administrator:	N/A
Name of Facility:	Farquhar AFC
Facility Address:	4909 Lapeer Road Kimball, MI 48074
Facility Telephone #:	(810) 982-0412
Original Issuance Date:	07/12/1983
Capacity:	3
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/22/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 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.
- 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.
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
05/04/2023- R426(1) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

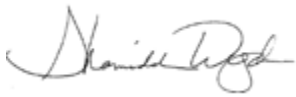
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 400.1405	Health of a licensee, responsible person, and member of the household.
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
At the time of inspection, licensee Gail Farquhar, the member of the household, and responsible person did not have up to date TB testing verification on file for review.	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.
	(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.
At the time of inspection, there was no verification on file that the resident care agreements have been reviewed annually.	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.
	(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization

	for a substitute form has been granted in writing by the department.
At the time of inspection, there were no health care appraisals on file for Resident A, Resident B, or Resident C for review.	
R 400.1426	Maintenance of premises.
	(1) The premises shall be maintained in a clean and safe condition.
At the time of inspection, the water temperature at the bathroom sink was over 120 degrees Fahrenheit.	
REPEAT VIOLATION ESTABLISH, LSR DATE: 05/08/2023 CAP DATE: 05/04/2023	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



05/02/2025

Shamidah Wyden
Licensing Consultant

Date