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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 1, 2025

Dennis Beemer AFC Homes Corp PO Box 417 406 W 5th Evart. MI 49631

RE: License #: AM670009368

Beemer Evart Townhouse 406 W. Fifth Street Evart, MI 49631

Dear Mr. Beemer:

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 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) 356-0100.

Sincerely,

Adam Robarge, Licensing Consultant

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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

**License #:** AM670009368

**Licensee Name:** AFC Homes Corp

Licensee Address: PO Box 417

406 W 5th

Evart, MI 49631

**Licensee Telephone #:** (616) 446-5647

**Licensee Designee:** Dennis Beemer, Designee

**Administrator:** Dennis Beemer

Name of Facility: Beemer Evart Townhouse

Facility Address: 406 W. Fifth Street

Evart, MI 49631

**Facility Telephone #:** (231) 734-3810

Original Issuance Date: 11/23/1983

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	04/30/2	2025
Date of Bureau of Fire Services Inspection if applicable: 01/15/2025			
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e design	3 8 ee
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? \	∕es ⊠ No □ If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	plain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □		
•	Incident report follow-up? Yes ☐ No ☒ If i	no, expl	ain.
•	Corrective action plan compliance verified?  N/A   Number of excluded employees followed-up?		CAP date/s and rule/s:
•	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 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature at the kitchen sink and one resident bathroom was measured at 123 degrees Fahrenheit at the time of the inspection.

A corrective action plan was requested and approved on 04/30/2025. 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 and special certification.

## IV. RECOMMENDATION

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

Adam Robarge Date Licensing Consultant