



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 15, 2025

Sandra Rogers  
10893 Deerwood Dr.  
Lowell, MI 49331

RE: License #: AF410395546  
**Fayette's Home**  
**10893 Deerwood Dr.**  
**Lowell, MI 49331**

Dear Ms. Rogers:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care family home license are renewed. The regular license 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,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF410395546
<b>Licensee Name:</b>	Sandra Rogers
<b>Licensee Address:</b>	10893 Deerwood Dr. Lowell, MI 49331
<b>Licensee Telephone #:</b>	(616) 755-0974
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Fayette's Home
<b>Facility Address:</b>	10893 Deerwood Dr. Lowell, MI 49331
<b>Facility Telephone #:</b>	(616) 755-0974
<b>Original Issuance Date:</b>	11/16/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/15/2025

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

Date of Health Authority Inspection if applicable: 01/14/225

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

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. The Licensee does not manage any resident's monies.
- 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. The Licensee agreed with my findings.

The facility is in compliance with all applicable rules and statutes.

#### **IV. RECOMMENDATION**

I recommend the issuance of a regular 2-year license to this AFC adult family home capacity 6.

*Arlene B. Smith*

05/15/2025

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Arlene B. Smith  
Licensing Consultant

Date