



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 4, 2025

Shelly Burza
3676 Lange Rd.
Sebewaing, MI 48759

RE: License #: AL790260639
Vadavilla AFC Home
5750 Sheridan Rd
Unionville, MI 48767

Dear Ms. Burza:

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 "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AL790260639
Licensee Name:	Shelly Burza
Licensee Address:	3676 Lange Rd. Sebewaing, MI 48759
Licensee Telephone #:	(989) 551-8693
Licensee/Licensee Designee:	N/A
Administrator:	Shelly Burza
Name of Facility:	Vadavilla AFC Home
Facility Address:	5750 Sheridan Rd Unionville, MI 48767
Facility Telephone #:	(989) 674-2258
Original Issuance Date:	01/12/2005
Capacity:	15
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/25/2025

Date of Bureau of Fire Services Inspection if applicable: 11/05/2024

Date of Health Authority Inspection if applicable: 06/16/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: Hospice Nurse

- 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

I recommend issuance of a 2-year regular adult foster care license, pending the results of current special investigation.



08/04/2025

Anthony Humphrey
Licensing Consultant

Date