GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Linda Willford
4205 Willford Rd
Gladwin, MI 48624

September 23, 2025

RE: License #: AF260002071
Willford AFC I
4205 Willford Rd
Gladwin, MI 48624

Dear Mrs. Willford:
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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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,

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW
Grand Rapids MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AF260002071
Licensee Name:	Linda Willford
Licensee Address:	4205 Willford Rd Gladwin, MI 48624
Licensee Telephone #:	(989) 426-4429
Name of Facility:	Willford AFC I
Facility Address:	4205 Willford Rd Gladwin, MI 48624
Facility Telephone #:	(989) 426-4429
Original Issuance Date:	09/14/1982
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/11/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 05/14/2025

No. of staff interviewed and/or observed 2
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.
  Meals were not being served at the time of the inspection.
- 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 found to be in non-compliance with the following rules:

R 400.1404	**Licensee, responsible person, and member of the household; qualifications.**
	(3) A licensee or responsible person shall possess all of the following qualifications: **(a) Be of good moral character to provide for the care and welfare of the residents.** **(5) All responsible persons and members of the household shall be of good moral character and suitable temperament to assure the welfare of residents.**
Findings:	During the inspection I spoke with Licensee Linda Wilford, responsible person John Wilford and Jenna Starr. They were unable to provide background information on responsible person Jenna Starr. All parties understood the background information was needed for the renewal inspection.
R 400.1405	**Health of a licensee, responsible person, and member of the household.**
	(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.
Findings:	During the inspection there was no health form signed for Licensee Linda Wilford. Ms. Wilford understood this was a requirement for the inspection as an 8/29/2023 citation regarding the physician health form for Linda Wilford. Though cited prior for this missing documentation the licensee was still unable to provide a dated signed copy. It is unknown whether Linda Wilford is still able to care for the residents in the home. **REPEAT VIOLATION**

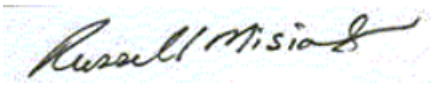
R 400.1405	**Health of a licensee, responsible person, and member of the household.**
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
Findings:	During the inspection there were no tuberculosis verification forms for licensee Linda Wilford and responsible person Jenna Starr. The licensee had knowledge of the requirements of this form and the importance as they were cited in the past for the missing form. **REPEAT VIOLATION**
R 400.1422	**Resident records.**
	(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: **(i) Resident funds and valuables record.**
Findings:	During the inspection there were no completed resident funds I and II forms for resident A, Resident B and Resident C. The licensee advised they were not aware of the forms needing to be completed.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

9/23/25

Johnnie Daniels Date
Licensing Consultant



9/24/25

Russell Misiak Date
Area Manager