

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 18, 2025

Angela Tuck 3892 Wirgau Road Rogers City, MI 49779

RE: License #: AF710338041

Angie's AFC

3892 Wirgau Road Rogers City, MI 49779

Dear Ms. Tuck:

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.

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,

Matthew Soderquist, Licensing Consultant Bureau of Community and Health Systems 350 Ottawa Ave NW Unit #13

Grand Rapids, MI 49503

(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #: AF710338041

Licensee Name: Angela Tuck

Licensee Address: 3892 Wirgau Road

Rogers City, MI 49779

Licensee Telephone #: (989) 734-0124

Licensee/Licensee Designee: N/A

Administrator: Angela Tuck

Name of Facility: Angie's AFC

Facility Address: 3892 Wirgau Road

Rogers City, MI 49779

Facility Telephone #: (989) 734-0124

Original Issuance Date: 03/20/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	09/16/2025
Date	e of Bureau of Fire Services Inspection if applicable:	N/A
Date	e of Health Authority Inspection if applicable:	06/04/2025
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:	1 5
•	Medication pass / simulated pass observed? Yes \boxtimes	No 🗌 If no, explain.
•	Medication(s) and medication record(s) reviewed? Ye	es 🗵 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. No meal during inspection, observed food in home. Fire drills reviewed? Yes No If no, explain.	
•	Fire safety equipment and practices observed? Yes	⊠ No lf no, explain.
•	E-scores reviewed? (Special Certification Only) Yes ☐ If no, explain. Water temperatures checked? Yes ☒ No ☐ If no, explain.	
•	Incident report follow-up? Yes ⊠ No ☐ If no, explain	in.
•	Corrective action plan compliance verified? Yes ☐ C N/A ☒ Number of excluded employees followed-up?	CAP date/s and rule/s: 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 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following: (a) Improve the score to at least the "slow" category.

E-scores were not completed annually.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Matthew Soderquist Date Licensing Consultant