



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 4, 2025

Elizabeth Gaye
1464 Millbrook St SE
Grand Rapids, MI 49508

RE: License #: AF410415717
Cole's AFC Family Home Services
1464 Millbrook St. SE
Grand Rapids, MI 49508

Dear Ms. Gaye:

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:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AF410415717
Licensee Name:	Elizabeth Gaye
Licensee Address:	1464 Millbrook St SE Grand Rapids, MI 49508
Licensee Telephone #:	(616) 349-0322
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Cole's AFC Family Home Services
Facility Address:	1464 Millbrook St. SE Grand Rapids, MI 49508
Facility Telephone #:	(616) 349-0322
Original Issuance Date:	05/09/2023
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/31/2025
Date of Bureau of Fire Services Inspection if applicable: 10/31/2025
Date of Health Authority Inspection if applicable: 10/31/2025
No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 1
No. of others interviewed 1 Role: Household member

- Medication pass / simulated pass observed? Yes No If no, explain. Medication passed prior to inspection.
- 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.

This facility was found to be in non-compliance with the following rules:

R 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.

(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:

(a) The amount of personal care, supervision, and protection required by the resident is available in the home.

(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.

(c) The resident appears to be compatible with other residents and members of the household.

Finding: On 10/31/2025 I completed a scheduled onsite renewal inspection. I reviewed Resident A's file and observed that Resident A's Assessment Plan is missing page 4, which is the signature page. The document is therefore incomplete.

Exit Conference: Licensee Elizabeth Gaye stated that she could not locate page 4 of the document. She did not dispute the findings and agreed to submit a Corrective Action Plan.

R 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization

for a substitute form has been granted in writing by the department.

Finding: On 10/31/2025 I completed a scheduled onsite renewal inspection. I reviewed Resident A's file and observed that a health care appraisal was not completed for Resident A.

Exit Conference: Licensee Elizabeth Gaye stated that Resident A was admitted to the facility on 10/24/2024. She stated that she did not secure a health care appraisal for Resident A. She did not dispute the findings and agreed to submit a Corrective Action Plan.

R 400.1416

Resident healthcare.

(3) A licensee shall record the weight of a resident on admission and then monthly after that. Weight records must be maintained for 2 years.

Finding: On 10/31/2025 I completed a scheduled onsite renewal inspection. I reviewed Resident A's file and observed that Resident A has not been weighted since 03/04/2025.

Exit Conference: Licensee Elizabeth Gaye stated that she has not weighed Resident A since 03/04/2025. She stated that she understood that residents must be weighed monthly. She did not dispute the findings and agreed to submit a Corrective Action Plan.

A corrective action plan was requested and approved on 11/04/2025. 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.

IV. RECOMMENDATION

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



11/04/2025

Toya Zylstra
Licensing Consultant

Date

