



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 5, 2025

Julia Skaggs
31510 Townline Rd
Burr Oak, MI 49030

RE: License #: AF750301120
Skaggs AFC
31510 Townline Road
Burr Oak, MI 49030

Dear Ms. Skaggs:

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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, 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 #: AF750301120

Licensee Name: Julia Skaggs

Licensee Address: 31510 Townline Rd
Burr Oak, MI 49030

Licensee Telephone #: (517) 617-4058

Licensee/Licensee Designee: Julia Skaggs

Administrator: Julia Skaggs

Name of Facility: Skaggs AFC

Facility Address: 31510 Townline Road
Burr Oak, MI 49030

Facility Telephone #: (269) 489-2423

Original Issuance Date: 05/15/2009

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/23/2025

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

Date of Health Authority Inspection if applicable: 08/19/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: N/A

- 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. Facility does not hold funds
- 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.
No IR's
- 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 regular license to this AFC adult family home (capacity 1-6).

Nile Khabeiry, LMSW

10/5/25

Nile Khabeiry
Licensing Consultant

Date