



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 1, 2025

Carolyn Frisby
9378 Lyle Meadow Lane
Clio, MI 48420

RE: License #: AF250372767
Carolyn Assisted Living AFC
9378 Lyle Meadow Lane
Clio, MI 48420

Dear Ms Frisby:

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 black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, sweeping flourish at the end.

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 #: AF250372767

Licensee Name: Carolyn Frisby

Licensee Address: 9378 Lyle Meadow Lane
Clio, MI 48420

Licensee Telephone #: (810) 287-2730

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Carolyn Assisted Living AFC

Facility Address: 9378 Lyle Meadow Lane
Clio, MI 48420

Facility Telephone #: (810) 287-2730

Original Issuance Date: 04/17/2015

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/25/2025

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Health Authority Inspection if applicable: 07/07/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- 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. There were no residents residing at the time of my onsite. I was able to review a resident file in order to determine compliance.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license. A resident must be residing in the home during this reporting period to be in compliance with licensing rules.



10/01/2025

Anthony Humphrey
Licensing Consultant

Date