



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 21, 2026

Aimee Shurlow
Hickory Hill AFC LLC
3909 S. McGee Road
Lake City, MI 49651

RE: License #: AS570399405
Hickory Hill AFC LLC
3909 S. McGee Road
Lake City, MI 49651

Dear Aimee Shurlow:

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 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,

A handwritten signature in cursive script, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #:	AS570399405
Licensee Name:	Hickory Hill AFC LLC
Licensee Address:	3909 S. McGee Road Lake City, MI 49651
Licensee Telephone #:	(231) 824-0052
Licensee Designee:	Aimee Shurlow
Administrator:	Aimee Shurlow
Name of Facility:	Hickory Hill AFC LLC
Facility Address:	3909 S. McGee Road Lake City, MI 49651
Facility Telephone #:	(231) 824-0052
Original Issuance Date:	07/29/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/20/2026

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

Date of Health Authority Inspection if applicable: 11/04/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: ORR

- 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

The facility is in compliance with all applicable rules and statutes.

On January 20, 2026, I conducted an exit conference with Licensee Designee Aimee Shurlow. I explained my finding as noted above. Ms. Shurlow stated that she understood the finding, that she had no additional information to provide, nor questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 January 21, 2026

Bruce A. Messer
Licensing Consultant

Date