



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 26, 2026

Kelly Payton-Bauman
Payton's AFC Home Inc
05520 Kuzmick Road
Elmira, MI 49730

RE: License #: AM150086769
Payton's AFC Home
05520 Kuzmick Road
Elmira, MI 49730

Dear Ms. Payton-Bauman:

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 that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #: AM150086769

Licensee Name: Payton's AFC Home Inc

Licensee Address: 05520 Kuzmick Road
Elmira, MI 49730

Licensee Telephone #: (231) 549-2790

Licensee Designee: Kelly Payton-Bauman, Designee

Administrator: Kelly Payton-Bauman

Name of Facility: Payton's AFC Home

Facility Address: 05520 Kuzmick Road
Elmira, MI 49730

Facility Telephone #: (231) 549-2790

Original Issuance Date: 09/01/1999

Capacity: 12

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): 02/26/2026

Date of Bureau of Fire Services Inspection if applicable: 01/27/2026

Date of Health Authority Inspection if applicable: 11/19/2025

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 11
No. of others interviewed 1 Role: Licensee Designee

- 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.

IV. RECOMMENDATION

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



2/26/2026

Adam Robarge
Licensing Consultant

Date