



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 6, 2026

Kelly Stedronsky
Frankfort Senior Care L.L.C.
216 W. Cox Rd.
Frankfort, MI 49635

RE: License #: AM100237317
Frankfort Senior Care
216 W. Cox Road
Frankfort, MI 49635

Dear Ms. Stedronsky:

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 (616) 356-0100.

Sincerely,

A handwritten signature in purple ink that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--|
| License #: | AM100237317 |
| Licensee Name: | Frankfort Senior Care L.L.C. |
| Licensee Address: | 216 W. Cox Rd. Frankfort, MI 49635 |
| Licensee Telephone #: | (231) 352-9067 |
| Licensee Designee: | Kelly Stedronsky |
| Administrator: | Kelly Stedronsky |
| Name of Facility: | Frankfort Senior Care |
| Facility Address: | 216 W. Cox Road Frankfort, MI 49635 |
| Facility Telephone #: | (231) 651-9690 |
| Original Issuance Date: | 03/08/2002 |
| Capacity: | 12 |
| Program Type: | AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/26/2026

Date of Bureau of Fire Services Inspection if applicable: 07/31/2025

Date of Health Authority Inspection if applicable: 12/03/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 0 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

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

Rhonda Richards

03/06/2026

Rhonda Richards
Licensing Consultant

Date