



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 13, 2026

Nicholas Hargress  
Advance Care, Incorporated  
P.O. Box 74484  
Romulus, MI 48174

RE: License #: AS820251656  
**Avalon**  
**6007 Carnegie**  
**Romulus, MI 48174**

Dear Mr. Hargress:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification are renewed. The license and special certification 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820251656
<b>Licensee Name:</b>	Advance Care, Incorporated
<b>Licensee Address:</b>	P.O. Box 74484 Romulus, MI 48174
<b>Licensee Telephone #:</b>	(248) 738-4986
<b>Licensee/Licensee Designee:</b>	Nicholas Hargress
<b>Administrator:</b>	Nicholas Hargress
<b>Name of Facility:</b>	Avalon
<b>Facility Address:</b>	6007 Carnegie Romulus, MI 48174
<b>Facility Telephone #:</b>	(737) 728-1410
<b>Original Issuance Date:</b>	10/01/2003
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/02/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 00

No. of residents interviewed and/or observed 00

No. of others interviewed 01 Role: Home Manager

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
All residents gone to program or doctor appointment.
- 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.  
No one home.
- 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:  
4/17/24: 403(1), 301(8), 310(3), and 301(10) 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 2 year regular adult foster care license.



04/13/26

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Kara Robinson  
Licensing Consultant

Date