



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 8, 2026

Jacqueline Moore
D Moore AFC Home Company
PO Box 480462
New Haven, MI 48048

RE: License #: AL500067919
Moore AFC Home
PO BOX 480462
58730 Haven Ridge
New Haven, MI 48048

Dear Ms. Moore:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AL500067919
Licensee Name:	D Moore AFC Home Company
Licensee Address:	58730 Haven Ridge New Haven, MI 48048
Licensee Telephone #:	(586) 557-8180
Licensee/Licensee Designee:	Jacqueline Moore
Administrator:	Jacqueline Moore
Name of Facility:	Moore AFC Home
Facility Address:	PO BOX 480462 58730 Haven Ridge New Haven, MI 48048
Facility Telephone #:	(586) 749-8574
Original Issuance Date:	10/19/1995
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2026

Date of Bureau of Fire Services Inspection if applicable: 12/01/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medications with staff.
- 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.
Inspection did not occur during a meal preparation.
- Fire drills reviewed? Yes No If no, explain.
BFS approval 12/01/2025
- Fire safety equipment and practices observed? Yes No If no, explain.
BFS approval 12/01/2025
- 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:
CAP date 05/13/2024- Asec713(3)(e), AS203(1), AS204(3)(g), AS205(3),
AS301(10), AS310(3), AS401(2), AS403(5), AS403(6), AS407(1) 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 found to be in non-compliance with the following rules:

<p>R 400.629</p>	<p>Direct care staff; qualifications and training.</p>
	<p>(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases including recognizing signs of illness. (h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner. (i) Nutrition and special diets.
<p>Staff, Khanan Bodley, did not have verification of training in employee file. Licensee reported that Mr. Bodley has completed training, however, has not signed training verification forms.</p>	
<p>R 400.631</p>	<p>Health screenings.</p>
	<p>(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.</p>

Staff, Khanan Bodley, did not have a medical statement completed within 30 days of employment. He was reported to have started employment at facility in December 2025. Mr. Bodley's medical statement was dated 04/03/2026.

R 400.645	Environmental health.
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	(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.
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During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 129.6 degrees Fahrenheit.

R 400.647	Safety and maintenance of premises.
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	(14) Handrails and nonskid surfacing must be installed in showers and bath areas.
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During the onsite inspection, I observed that the bathtub in Bathroom #3 did not have non-skid strips or surfacing.

R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
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	(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.
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Resident A's health care appraisal was not completed before admission. Resident A was admitted to the facility on 01/18/2026. His health care appraisal was dated 03/30/2026.

R 400.701	Required personnel policies.
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	(3) The licensee shall have a written job description for each position. The job description must define the tasks, duties, and responsibilities of the position. Each staff and volunteer shall receive a copy of their applicable job description. Verification of receipt of a job description must be maintained in the individual's personnel record.
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Staff, Maria Herrera and Kanan Bodley, did not have verification of receipt of job descriptions in employee files.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



04/08/2026

Kristine Cilluffo
Licensing Consultant

Date