GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 12, 2026

Nancy Ainsworth and John Ainsworth
3212 N. Shoreview Dr.
Fort Gratiot, MI 48059

RE: License #: AF740264966
Nancy Ainsworth and John Ainsworth
3212 N. Shoreview Drive
Fort Gratiot, MI 48059

Dear Nancy Ainsworth and John Ainsworth:

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 (517) 643-7960.

Sincerely,

Sabrina McGowan

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

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

I. IDENTIFYING INFORMATION

License #:	AF740264966
Licensee Name:	Nancy Ainsworth and John Ainsworth
Licensee Address:	3212 N. Shoreview Dr. Fort Gratiot, MI 48059
Licensee Telephone #:	(810) 359-3425
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Nancy Ainsworth and John Ainsworth
Facility Address:	3212 N. Shoreview Drive Fort Gratiot, MI 48059
Facility Telephone #:	(810) 385-8894
Original Issuance Date:	04/30/2004
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/09/2026

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

Date of Health Authority Inspection if applicable: 10/09/2026

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 0
No. of others interviewed 2 Role: Licensee(s)

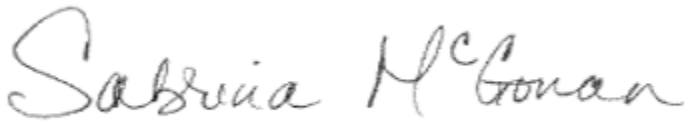
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
  No meal being served during the inspection.
- 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.
  No IR's to review.
- 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 family home (capacity 1-6).



October 12, 2026

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Sabrina McGowan Date
Licensing Consultant