



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 24, 2018

Eric McBean  
McBean Transitional Care, LLC  
1410 Lynton Avenue  
Flint, MI 48507

RE: License #: AS250315962  
**McBean Transitional Care - Lynton**  
**1410 Lynton Ave**  
**Flint, MI 48507**

Dear Mr. McBean:

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 will be renewed pending the results of the Environmental Health Inspection. 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Crecendra Brown".

Crecendra Brown, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 931-0965

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250315962

**Licensee Name:** McBean Transitional Care, LLC

**Licensee Address:** 1410 Lynton Avenue  
Flint, MI 48507

**Licensee Telephone #:** (810) 877-1814

**Licensee/Licensee Designee:** Eric McBean

**Administrator:** Eric McBean

**Name of Facility:** McBean Transitional Care - Lynton

**Facility Address:** 1410 Lynton Ave  
Flint, MI 48507

**Facility Telephone #:** (810) 820-0840

**Original Issuance Date:** 05/09/2012

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/18/2018

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

Date of Health Authority Inspection if applicable: Pending

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 2  
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: Special Investigation 2018A0501035 initiated May 30, 2018 and Special Investigation 2017A0501061 initiated September 19, 2017. N/A
- Number of excluded employees followed-up? 1 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

Upon receipt of an acceptable Environmental Health Inspection, I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).

*Crecendra Brown*

October 24, 2018

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Crecendra Brown  
Licensing Consultant

Date