



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 12, 2020

Cassandra Pressley  
8395 Parkside Drive  
GRAND BLANC, MI 48439

RE: License #:	AM250390141 <b>Tranquility House AFC</b> <b>2039 Clifford Street</b> <b>Flint, MI 48503</b>
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Dear Ms. Pressley:

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 effective July 15, 2020. 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) 284-9730.

Sincerely,

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250390141
<b>Licensee Name:</b>	Cassandra Pressley
<b>Licensee Address:</b>	8395 Parkside Drive GRAND BLANC, MI 48439
<b>Licensee Telephone #:</b>	(810) 610-5942
<b>Licensee/Licensee Designee:</b>	Cassandra Pressley
<b>Administrator:</b>	Natasha Redford
<b>Name of Facility:</b>	Tranquility House AFC
<b>Facility Address:</b>	2039 Clifford Street Flint, MI 48503
<b>Facility Telephone #:</b>	(810) 610-5942
<b>Original Issuance Date:</b>	01/15/2020
<b>Capacity:</b>	11
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/11/2020

Date of Bureau of Fire Services Inspection if applicable: 11/08/2019

Date of Health Authority Inspection if applicable: 06/11/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 0  
No. of others interviewed 0 Role: N/A

- 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.  
My inspection did not take place during a mealtime.
- 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

This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home with a capacity of 11.

*Susan Hutchinson, MA, LRC*

June 12, 2020

Susan Hutchinson Licensing Consultant	Date
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