



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 2, 2021

Willie George
23021 Radcliff
Oak Park, MI 48237

RE: License #: AF630080656
Florence CTH
23021 Radcliff
Oak Park, MI 48237

Dear Ms. George:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #:	AF630080656
Licensee Name:	Willie George
Licensee Address:	23021 Radcliff Oak Park, MI 48237
Licensee Telephone #:	(248) 967-1178
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Florence CTH
Facility Address:	23021 Radcliff Oak Park, MI 48237
Facility Telephone #:	(248) 967-1178
Original Issuance Date:	09/10/1998
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/21/2021, 01/26/2021

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 2
No. of others interviewed 2 Role: licensee and lic. daughter

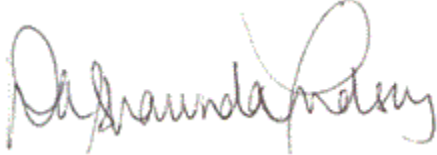
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
The inspection did not occur during a meal time.
- 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. The special certification does not expire until May 2022.
- Water temperatures checked? Yes No If no, explain.
No applicable rule
- Incident report follow-up? Yes No If no, explain.
There were no incident reports that required a follow up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 2020- af437(1), af405(3), af407(6), af407(3), af430(2), af422(1),
af421(3), af418(4)(a), af438(4), af440(2), asec734(2)(b) 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.



02/02/2021

DaShawnda Lindsey
Licensing Consultant

Date