

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 26, 2021

Joyce Adams-McEaddy 724 Dorset Ypsilanti, MI 48198

RE: License #: AF810287198

Adams AFCH 724 Dorset

Ypsilanti, MI 48198

Dear Ms. Adams-McEaddy:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care family home license are renewed. The license 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 (313) 456-0380.

Sincerely,

Vanita C. Bouldin, Licensing Consultant

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Bureau of Community and Health Systems

22 Center Street Ypsilanti, MI 48198 (734) 395-4037

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

I. IDENTIFYING INFORMATION

License #: AF810287198

Licensee Name: Joyce Adams-McEaddy

Licensee Address: 724 Dorset

Ypsilanti, MI 48198

Licensee Telephone #: (734) 730-6733

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Adams AFCH

Facility Address: 724 Dorset

Ypsilanti, MI 48198

Facility Telephone #: (734) 217-0831

Original Issuance Date: 04/04/2007

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date	of On-site Inspection(s): 07/22/2021
Date	of Bureau of Fire Services Inspection if applicable: N/A
Date of Health Authority Inspection if applicable: N/A	
Insp	ection Type:
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	
•	Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $oxtime oxtime ox oxtime ox ox ox ox ox ox ox ox ox ox$
•	Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Meal preparation / service observed? Yes No No If no, explain. No meals prepared/served during renewal 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.
	Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
•	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 2 year regular adult foster care license.

Date: 07/26/2021

Vanita C. Bouldin Licensing Consultant

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