



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 5, 2021

Amber Bunce  
Cornerstone I, Inc.  
P.O. Box 277  
Bloomington, MI 49026

RE: License #: AM800267076  
**Cornerstone AFC**  
**59859 W M-43**  
**Bangor, MI 49013**

Dear Ms. Bunce:

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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

**License #:** AM800267076

**Licensee Name:** Cornerstone I, Inc.

**Licensee Address:** 98 45th St  
Bloomingtondale, MI 49026

**Licensee Telephone #:** (269) 521-4130

**Licensee Designee:** Amber Bunce

**Administrator:** Amber Bunce

**Name of Facility:** Cornerstone AFC

**Facility Address:** 59859 W M-43  
Bangor, MI 49013

**Facility Telephone #:** (269) 427-8096

**Original Issuance Date:** 11/01/2004

**Capacity:** 10

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/13/2021

Date of Bureau of Fire Services Inspection if applicable: 02/26/2021

Date of Health Authority Inspection if applicable: 03/30/2021

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 12  
No. of others interviewed [redacted] Role: [redacted]

- 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 on-site did not take place during a meal time; however, food was observed in the facility.
- 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:  
CAP dated 11/24/2020 pertaining to R. 305.3 N/A
- Number of excluded employees followed-up? 19 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.

*Cathy Cushman*

08/05/2021

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Cathy Cushman  
Licensing Consultant

Date