



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 2, 2021

Marion Mustar
1568 E. Beaver Rd.
Kawkawlin, MI 48631

RE: License #:	AF090299125 M & M Adult Foster Care 1568 E. Beaver Rd. Kawkawlin, MI 48631
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Dear Ms. Mustar:

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 is 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 (906) 226-4171.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AF090299125
Licensee Name:	Marion Mustar
Licensee Address:	1568 E. Beaver Rd. Kawkawlin, MI 48631
Licensee Telephone #:	(989) 671-8906
Licensee:	Marion Mustar
Administrator:	N/A
Name of Facility:	M & M Adult Foster Care
Facility Address:	1568 E. Beaver Rd. Kawkawlin, MI 48631
Facility Telephone #:	(989) 671-8906
Original Issuance Date:	02/25/2009
Capacity:	5
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/28/2021

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

Date of Health Authority Inspection if applicable: 04/29/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed N/A Role: [REDACTED]

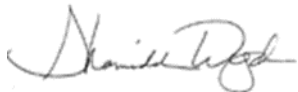
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
This inspection was not completed 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.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
There were no recent incident reports requiring follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
07/30/2019 R431(3), R405(3) 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 two year regular license to this AFC family home (capacity 5).



08/02/2021

Shamidah Wyden
Licensing Consultant

Date