



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 4, 2020

Jacqueline Moore
D Moore AFC Home Company
PO Box 480462
New Haven, MI 48048

RE: License #: AL500067919
Moore AFC Home
PO BOX 480462
58730 Haven Ridge
New Haven, MI 48048

Dear Mr./Ms. Moore:

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 blue ink, appearing to be "EJ".

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License #:	AL500067919
Licensee Name:	D Moore AFC Home Company
Licensee Address:	58730 Haven Ridge New Haven, MI 48048
Licensee Telephone #:	(586) 557-8180
Licensee/Licensee Designee:	Jacqueline Moore, Designee
Administrator:	
Name of Facility:	Moore AFC Home
Facility Address:	PO BOX 480462 58730 Haven Ridge New Haven, MI 48048
Facility Telephone #:	(586) 749-8574
Original Issuance Date:	10/19/1995
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/03/2020

Date of Bureau of Fire Services Inspection if applicable: 01/09/2020

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 8
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.
- 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.

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.



12/04/20

Eric Johnson
Licensing Consultant

Date