



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 3, 2021

Alda Scollon
621 N Ball St
Owosso, MI 48867

RE: License #: AF780006042
Scollons AFC Home
621 N Ball St
Owosso, MI 48867

Dear Ms. Scollon:

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 call the Workforce Background Check site to have them assist you in getting William Scollon fingerprinted as a staff member. Their number is 877-718-5542. You may need to leave a message but someone will contact you back. Explain you do not have a computer to request a fingerprint for your staff. I have mailed you the AFC 100 form to complete and mail back to me. The other form, MDHHS Consent Form you have William sign and keep with his staff folder.

Please contact me with any questions. If 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 cursive script that reads "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-7590

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

I. IDENTIFYING INFORMATION

License #: AF780006042

Licensee Name: Alda Scollon

Licensee Address: 621 N Ball St
Owosso, MI 48867

Licensee Telephone #: 517-723-4509

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Scollons AFC Home

Facility Address: 621 N Ball St
Owosso, MI 48867

Facility Telephone #: (989) 723-4509

Original Issuance Date: 11/01/1990

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/2/2021

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

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 4
No. of others interviewed 0 Role: [REDACTED]

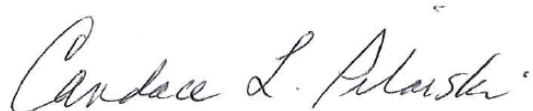
- Medication pass / simulated pass observed? Yes No If no, explain. Family Home
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain. Inspection took place between lunch and dinner meals.
- 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.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



11/03/2021

Candace Pilarski
Licensing Consultant

Date