

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 4, 2021

Wendi Labs Morning Glory Adult Foster Care LLC 1266 N. Forward Road Lake City, MI 49651

RE: License #: AM570363712

Morning Glory Adult Foster Care LLC 1266 N. Forward Road

Lake City, MI 49651

Dear Ms. Labs:

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 (616) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant

Brene C. V. Gesser

Bureau of Community and Health Systems

Suite 11

701 S. Elmwood

Traverse City, MI 49684

(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AM570363712

Licensee Name: Morning Glory Adult Foster Care LLC

Licensee Address: 1266 N. Forward Road

Lake City, MI 49651

Licensee Telephone #: (231) 839-1131

Licensee Designee: Wendi Labs

Administrator: Wendi Labs

Name of Facility: Morning Glory Adult Foster Care LLC

Facility Address: 1266 N. Forward Road

Lake City, MI 49651

Facility Telephone #: (231) 839-1131

Original Issuance Date: 06/05/2015

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	ate of On-site Inspection(s):		11/03/2021	
Date	e of Bureau of Fire Serv	rices Inspection if app	licable:	09/30/2021
Date of Health Authority Inspection if applicable:			C	08/30/2021
Insp	ection Type:	☐ Interview and Obe	servation	
No. of staff interviewed and/o No. of residents interviewed No. of others interviewed				2 8
•	Medication pass / simu	lated pass observed?	Yes ⊠	No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain.			
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)			
•	Incident report follow-u	p? Yes⊠ No ☐ If	no, expla	in.
•	Corrective action plan on N/A ⊠	compliance verified?	Yes 🗌 (CAP date/s and rule/s:
•	Number of excluded er	nployees followed-up	? 1	N/A 🖂
•	Variances? Yes ☐ (pl	ease explain) No 🗌	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On November 3, 2021, I conducted an exit conference with Licensee Designee Wendi Labs. I explained my findings as noted above. Ms. Labs stated she understood and had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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

Brene O Masser November 4, 2021

Bruce A. Messer Date

Licensing Consultant