



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 14, 2020

Shari Blackburn  
9040 Farley Road  
Pinckney, MI 48169

RE: License #: AF470401833  
**Farley Adult Foster Care**  
**9040 Farley Road**  
**Pinckney, MI 48169**

Dear Ms. Blackburn:

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 cursive script that reads 'Julie Elkins'.

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF470401833
<b>Licensee Name:</b>	Shari Blackburn
<b>Licensee Address:</b>	9040 Farley Road Pinckney, MI 48169
<b>Licensee Telephone #:</b>	(734) 648-0628
<b>Licensee:</b>	Shari Blackburn
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Farley Adult Foster Care
<b>Facility Address:</b>	9040 Farley Road Pinckney, MI 48169
<b>Facility Telephone #:</b>	(734) 648-0628
<b>Original Issuance Date:</b>	02/21/2020
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/14/2020

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

Date of Health Authority Inspection if applicable: 10/09/2019

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 5

No. of others interviewed 1 Role: licensee

- 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. inspection was not during 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 08/11/2020 CAP verified 734 (b) and 440 (2) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

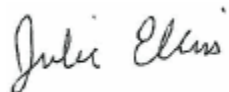
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

### IV. RECOMMENDATION

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



08/14/2020

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Julie Elkins  
Licensing Consultant

Date