



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 15, 2020

Patricia Boyne
9533 Meadow Lane
Pinckney, MI 48169

RE: License #: AM470287209
Meadow Lane AFC
9533 Meadow Lane
Pinckney, MI 48169

Dear Mrs. Boyne:

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

License #:	AM470287209
Licensee Name:	Patricia Boyne
Licensee Address:	9533 Meadow Lane Pinckney, MI 48169
Licensee Telephone #:	(734) 891-0298
Administrator:	Patricia Boyne
Name of Facility:	Meadow Lane AFC
Facility Address:	9533 Meadow Lane Pinckney, MI 48169
Facility Telephone #:	(734) 878-0708
Original Issuance Date:	12/14/2009
Capacity:	10
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

*Please note, no on-site investigation was able to be completed due to the COVID-19 restrictions limiting individuals in AFC settings.

Date of On-site Inspections: 07/14/2020

Date of Bureau of Fire Services Inspection if applicable: 06/25/2019 A Rating
pending updated inspection

Date of Health Authority Inspection if applicable: pending updated inspection

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 4
No. of others interviewed 1 Role: licensee designee

- 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:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

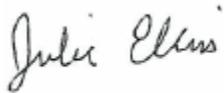
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

Contingent upon approval from the health department and Fire Marshal, I recommend issuance of a 2-year regular adult foster care license.



07/15/2020

Julie Elkins
Licensing Consultant

Date