



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 22, 2021

Peggy Selmon
2325 Peck St.
Muskegon Heights, MI 49444

RE: License #:	AF610311174 Morning Glory AFC 2325 Peck St. Muskegon Heights, MI 49444
----------------	---

Dear Ms. Selmon:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AF610311174
Licensee Name:	Peggy Selmon
Licensee Address:	2325 Peck St. Muskegon Heights, MI 49444
Licensee Telephone #:	(231) 739-0993
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Morning Glory AFC
Facility Address:	2325 Peck St. Muskegon Heights, MI 49444
Facility Telephone #:	(231) 733-7893
Original Issuance Date:	03/01/2011
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/19/2021

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

Date of Health Authority Inspection if applicable: N/A

Date of Exit Conference: 01/19/2021, Licensee Peggy Selmon

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 0

No. of others interviewed 1 Role: Licensee, P. Selmon

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medication(s) was not being administered so a review of the resident medication and the MAR was conducted.
- 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.
At the time of the renewal inspection, resident meal was not being prepared. A virtual inspection (due to COVID-19) was conducted of the facility and the cooking area, food on hand at the facility, refrigerators and freezers.
- 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.
This inspection was completed via virtual means due to COVID 19.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
404.5,407.6,407.9,438.4,440.6,404 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (capacity 6).



01/22/2021

Elizabeth Elliott
Licensing Consultant

Date