

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 17, 2021

Latonia Fletcher 3209 Old Farm Flint Twp, MI 48507

RE: License #: AS250377442

Valley Assisted Care 3701 Worchester Flint, MI 48503

Dear Ms. Fletcher:

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. If I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Derrick Britton, Licensing Consultant

Bureau of Community and Health Systems

enie Z. Britton

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909 (517) 284-9721

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

I. IDENTIFYING INFORMATION

License #: AS250377442

Licensee Name: Latonia Fletcher

Licensee Address: 3209 Old Farm

Flint Twp, MI 48507

Licensee Telephone #: (810) 249-6855

Licensee/Licensee Designee: Latonia Fletcher

Administrator: Latonia Fletcher

Name of Facility: Valley Assisted Care

Facility Address: 3701 Worchester

Flint, MI 48503

Facility Telephone #: (810) 449-2473

Original Issuance Date: 06/25/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection:	12/15/2021	
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: N/A			
Insp	pection Type:	☐ Interview and Observation	on ⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and of residents interviewed of others interviewed		1 6
•	Medication pass / simu	ılated 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 \square No \boxtimes If no, explain. Inspection did not occur during meal preparation/service. Fire drills reviewed? Yes \boxtimes No \square If no, explain.		
•	Fire safety equipment	and practices observed? Yes	s ⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes No N/A 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 of N/A ⊠ Number of excluded er	compliance verified? Yes mployees followed-up?	CAP date/s and rule/s:
•	Variances? Yes ☐ (pl	ease 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.

12/17/2021

Derrick Britton Licensing Consultant

Derick Z. Britter

Date