



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 22, 2022

Danielle Lail  
Carpenters AFC Inc  
2801 Orchard Beach Road  
Cheboygan, MI 49721

RE: License #: AM160008033  
**Carpenters AFC Home**  
**2801 Orchard Beach R**  
**Cheboygan, MI 49721**

Dear Ms. Lail:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

**License #:** AM160008033

**Licensee Name:** Carpenters AFC Inc

**Licensee Address:** 2801 Orchard Beach Road  
Cheboygan, MI 49721

**Licensee Telephone #:** (231) 625-9645

**Licensee/Licensee Designee:** Danielle Lail, Designee

**Administrator:** Danielle Lail

**Name of Facility:** Carpenters AFC Home

**Facility Address:** 2801 Orchard Beach R  
Cheboygan, MI 49721

**Facility Telephone #:** (231) 625-9645

**Original Issuance Date:** 06/28/1985

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/22/2021

Date of Bureau of Fire Services Inspection if applicable: 08/03/2021

Date of Health Authority Inspection if applicable: 08/24/2021

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 10  
No. of others interviewed 1 Role: Licensee Designee/Admin.

- 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.
- 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 found to be in non-compliance with the following rules:

**R 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

The licensee did not have a TB test done within 3 years.

**R 400.14507      Means of egress generally.**

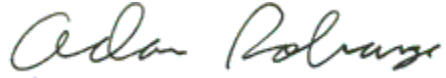
(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.

The doors comprising the emergency exits were not equipped with positive-latching, non-locking-against-egress hardware.

A corrective action plan was requested and approved on 12/22/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

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



12/22/2022

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Adam Robarge  
Licensing Consultant

Date