



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 4, 2022

Zoe Thorn
4349 Sunnymeade Ave.
Burton, MI 48519

RE: License #: AM250389333
Thorn Adult Foster Care
4901 N Saginaw St
Flint, MI 48505

Dear Ms. Thorn:

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:

- You are to submit documentation of compliance.
-

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 (96) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

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

I. IDENTIFYING INFORMATION

License #:	AM250389333
Licensee Name:	Zoe Thorn
Licensee Address:	4349 Sunnymeade Ave. Burton, MI 48519
Licensee Telephone #:	(810) 701-3480
Licensee/Licensee Designee:	Zoey Thorn
Administrator:	N/A
Name of Facility:	Thorn Adult Foster Care
Facility Address:	4901 N Saginaw St FLINT, MI 48505
Facility Telephone #:	(810) 785-4234
Original Issuance Date:	10/13/2017
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/30/2022

Date of Bureau of Fire Services Inspection if applicable: 03/09/2022

Date of Health Authority Inspection if applicable: N/A

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 9

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.
- 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.
No IR's to review
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
R311(1)-10/16/2020 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 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Ceiling tiles in resident bedrooms are in need of repair or need to be replaced.

Wall frame around residents' closet is crumbling and in need of repair.

Flooring in residents' room is torn and needs to be replaced or removed.

A corrective action plan was requested and approved on 03/30/2022. 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 and special certification.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).



April 4, 2022

Sabrina McGowan
Licensing Consultant

Date