



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 27, 2022

Shellie Young
32792 Bradeen Ave
Paw Paw, MI 19079

RE: License #: AF800406092
Young's AFC Home
32792 Bradeen Ave
Paw Paw, MI 49079

Dear Ms. Young:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AF800406092

Licensee Name: Shellie Young

Licensee Address: 32792 Bradeen Ave
Paw Paw, MI 19079

Licensee Telephone #: (269) 254-4093

Licensee/Licensee Designee: N/A

Administrator: Shellie Young

Name of Facility: Young's AFC Home

Facility Address: 32792 Bradeen Ave
Paw Paw, MI 49079

Facility Telephone #: (269) 254-4093

Original Issuance Date: 10/29/2021

Capacity: 3

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/13/2022, 04/22/2022

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

Date of Health Authority Inspection if applicable: 12/20/20

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 1
No. of others interviewed 0 Role: [REDACTED]

- 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 occurred between mealtimes.
- 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.
The water temperature was measured to be 136 degrees Fahrenheit.
- Incident report follow-up? Yes No If no, explain.
No incidents submitted.
- 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 400.1426 Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

The water temperature was measured to be 136 degrees Fahrenheit.

IV. RECOMMENDATION

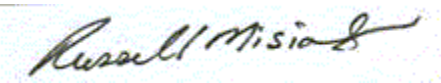
An acceptable corrective action plan has been received. Renewal of the license is recommended.



4/27/22

Kristy Duda
Licensing Consultant

Date



5/2/22

Russell Misiak
Area Manager

Date