



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

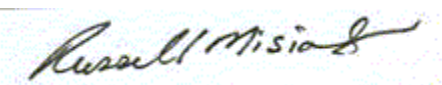
An acceptable corrective action plan has been received. Renewal of the license is recommended.



4/27/22

Kristy Duda
Licensing Consultant

Date



5/2/22

Russell Misiak
Area Manager

Date