



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 9, 2022

Gordon, Natosha
6614 Parker Lane
Newberry, MI 49686

RE: License #: AF480398327
Gordon Family Home
6614 Parker Lane
Newberry, MI 49686

Dear Natosha:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care family home license are renewed. The license is valid only at your present address and is nontransferable

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 black ink, appearing to read "Garrett Peters".

Garrett Peters, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 250-9318

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--|
| License #: | AF480398327 |
| Licensee Name: | Gordon, Natosha |
| Licensee Address: | 6614 Parker Lane Newberry, MI 49686 |
| Licensee Telephone #: | (906) 293-7066 |
| Licensee Designee: | N/A |
| Administrator: | N/A |
| Name of Facility: | Gordon Family Home |
| Facility Address: | 6614 Parker Lane Newberry, MI 49686 |
| Facility Telephone #: | (906) 293-7066 |
| Original Issuance Date: | 11/27/2019 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/12/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 06/09/2022

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 2

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.
Consultant was not there during lunch.
- 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 incident reports to follow up with.
- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



06/09/2022

Garrett Peters
Licensing Consultant

Date