

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 14, 2022

Charity Quick 6517 20th Ave Sears, MI 49679

RE: License #: AF670391967

Quick's AFC 6517 20th Ave Sears, MI 49679

Dear Ms. Quick:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It 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 (616) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant

Brene C. Messen

Bureau of Community and Health Systems

Suite 11

701 S. Elmwood

Traverse City, MI 49684

(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AF670391967

Licensee Name: Charity Quick

Licensee Address: 6517 20th Ave

Sears, MI 49679

Licensee Telephone #: (231) 734-6026

Name of Facility: Quick's AFC

Facility Address: 6517 20th Ave

Sears, MI 49679

Facility Telephone #: (231) 734-6026

Original Issuance Date: 04/24/2018

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Dat	Date of On-site Inspection(s):			07/13/2022	
Date of Bureau of Fire Services Inspection if applicable: N/A					
Date of Health Authority Inspection if applicable: 03/22/2022					
Inspection Type:		☐ Interview and Observation☐ Combination		n ⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: ORR			2		
•	Medication pass / sim	ulated 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 $oximes$ No $oximes$ If no, explain.				
•	E-scores reviewed? (Special Certification Only) Yes No N/A In 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				
•		_		N/A 🖂	
•	Variances? Yes ☐ (p	olease explain) No	N/A		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On July 13, 2022, I conducted an exit conference with Licensee Charity Quick. I explained my findings as noted above. Ms. Quick stated she understood and had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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

Brene Of Hasier July 14, 2022

Bruce A. Messer Date

Licensing Consultant