



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 22, 2022

Kathleen Taylor
Consumer Services, Inc.
PO Box 289
Mason, MI 48854

RE: License #: AS780304830
Matthews Home
1016 Wood Ct.
Owosso, MI 48867

Dear Ms. Taylor:

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 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn".

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems

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

I. IDENTIFYING INFORMATION

License #:	AS780304830
Licensee Name:	Consumer Services, Inc.
Licensee Address:	PO Box 289 Mason, MI 48854
Licensee Telephone #:	(517) 833-8100
Licensee/Licensee Designee:	Kathleen Taylor, Designee
Administrator:	
Name of Facility:	Matthews Home
Facility Address:	1016 Wood Ct. Owosso, MI 48867
Facility Telephone #:	(517) 388-1976
Original Issuance Date:	01/14/2010
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/15/2022

Date of Bureau of Fire Services Inspection if applicable: 9/15/2022 By consultant

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed Role:

- 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.
- 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.



_____	09/15/2022_____
Candace Coburn	Date
Licensing Consultant	