



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 25, 2023

Edward Powell  
Grand B1, Inc.  
6523 N. Sheridan Rd.  
Edmore, MI 48829

RE: License #: AM590269332  
**Grateful Hearts AFC**  
**6523 N. Sheridan Rd.**  
**Edmore, MI 48829**

Dear Mr. Powell:

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 medium group home license and special certification are renewed. The regular license and special certification 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,

*Jennifer Browning*

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AM590269332

**Licensee Name:** Grand B1, Inc.

**Licensee Address:** 6523 N. Sheridan Rd.  
Edmore, MI 48829

**Licensee Telephone #:** (989) 427-3278

**Licensee Designee:** Edward Powell

**Administrator:** Edward Powell

**Name of Facility:** Grateful Hearts AFC

**Facility Address:** 6523 N. Sheridan Rd.  
Edmore, MI 48829

**Facility Telephone #:** (989) 304-3419

**Original Issuance Date:** 04/14/2005

**Capacity:** 12

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

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/20/2023  
Date of Bureau of Fire Services Inspection if applicable: 05/17/2022  
Date of Health Authority Inspection if applicable: 11/03/2022  
No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: Mr. Powell Licensee designee

- 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 regular license and special certification to this AFC adult medium group home (capacity 12).

*Jennifer Browning*

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Jennifer Browning  
Licensing Consultant

01/25/2023

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Date