

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 27, 2023

Sarah Miner Pearson Adult Foster Care Homes, Inc. 3752 Stonewall Trail Traverse City, MI 49685

RE: License #: AG280278926

**Green Acres** 

127 W. Potter Road Traverse City, MI 49686

Dear Ms. Miner:

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 congregate facility 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 (616) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant

Brene C. V. Gesser

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 #:** AG280278926

**Licensee Name:** Pearson Adult Foster Care Homes, Inc.

**Licensee Address:** 3752 Stonewall Trail

Traverse City, MI 49685

**Licensee Telephone #:** (231) 947-7055

**Licensee/Licensee Designee:** Sarah Miner

**Administrator:** Savanah Thompson

Name of Facility: Green Acres

**Facility Address:** 127 W. Potter Road

Traverse City, MI 49686

**Facility Telephone #:** (231) 947-7055

Original Issuance Date: 10/21/2010

Capacity: 32

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	03/23/2	2023
Date of Bureau of Fire Services Inspection if applicable: 09/07/2022			
Date	e of Health Authority Inspection if applicable:		03/21/2023
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		3 14
•	Medication pass / simulated pass observed?	Yes 🛭	☑ No ☐ If no, explain.
•	Medication(s) and medication record(s) review	wed? `	Yes ⊠ No □ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	xplain.	
•	Fire safety equipment and practices observe	d? Yes	s ⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain.  Water temperatures checked? Yes ⊠ No [	• ,	
•	Incident report follow-up? Yes $\boxtimes$ No $\square$ If	no, exp	lain.
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up		CAP date/s and rule/s:
•	Variances? Yes ☐ (please explain) No ☐	N/A 🗵	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

On March 23, 2023, I conducted an exit conference with Administrator Savanah Thompson. I explained my finding as noted above. Ms. Thompson noted that she understood and that she had no further questions or information to provide concerning this renewal inspection.

#### IV. RECOMMENDATION

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

Brene O / Sasier March 27, 2023

Bruce A. Messer Date Licensing Consultant