



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 12, 2023

Frances McKay  
7092 Johnson Rd  
Flushing, MI 48433

RE: License #: AF250001792  
**Frances McKay AFC Home**  
**7092 Johnson Road**  
**Flushing, MI 48433**

Dear Mr./Ms. McKay:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan, an on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF250001792
<b>Licensee Name:</b>	Frances McKay
<b>Licensee Address:</b>	7092 Johnson Rd Flushing, MI 48433
<b>Licensee Telephone #:</b>	(810) 659-1250
<b>Licensee/Licensee Designee:</b>	Frances McKay
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Frances McKay AFC Home
<b>Facility Address:</b>	7092 Johnson Road Flushing, MI 48433
<b>Facility Telephone #:</b>	(810) 659-1250
<b>Original Issuance Date:</b>	04/25/1977
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 05/11/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection: 2/8/2023

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 6  
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.  
Inspection did not occur during meal preparation/service.
- 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:  
08/13/2021: af409(1)(o), asec734b(2), af404(5) 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 found to be in non-compliance with the following rules:

**R 400.1437**

**Smoke detection equipment.**

**(1) At least 1 single-station smoke detector shall be installed at the following locations:**

**(a) Between the sleeping areas and the rest of the home. In homes with more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.**

**(b) On each occupied floor, in the basement, and in areas of the home which contain flame- or heat-producing equipment.**

Smoke detectors were not installed in sleeping areas and kitchen.

**R 400.1438**

**Emergency preparedness; evacuation plan; emergency transportation.**

**(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.**

Documentation of fire drills in 2022 and 2023 was not found.

A corrective action plan was requested and approved on 05/18/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



05/12/2023

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Derrick Britton  
Licensing Consultant

Date

