



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 24, 2023

Linda Matthews
American Heritage Afc Inc
23206 Sibley Road
Brownstown, MI 48183

RE: License #: AS820073412
American Heritage AFC
23206 Sibley
Brownstown, MI 48183

Dear Ms. Matthews:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

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

I. IDENTIFYING INFORMATION

License #: AS820073412

Licensee Name: American Heritage Afc Inc

Licensee Address: 23206 Sibley Road
Brownstown, MI 48183

Licensee Telephone #: (734) 284-4965

Licensee/Licensee Designee: Linda Matthews

Administrator: Linda Matthews

Name of Facility: American Heritage AFC

Facility Address: 23206 Sibley
Brownstown, MI 48183

Facility Telephone #: (734) 284-4965

Original Issuance Date: 01/27/1997

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/14/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 08/14/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] 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.
- 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

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).



Pandrea Robinson
Licensing Consultant

08/24/23
Date