

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

August 30, 2023

Larry Comai 7949 Underhill Road Rapid City, MI 49676

> RE: License #: AF400252505 Rapid River AFC 7949 Underhill Road Rapid City, MI 49676

Dear Larry Comai:

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 and special certification 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 (616) 356-0183.

Sincerely,

Brene O Vasier

Bruce A. Messer, Licensing Consultant 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 #:	AF400252505
Licensee Name:	Larry Comai
Licensee Address:	7949 Underhill Road Rapid City, MI 49676
Licensee Telephone #:	(616) 331-6482
Name of Facility:	Rapid River AFC
Facility Address:	7949 Underhill Road Rapid City, MI 49676
Facility Telephone #:	(231) 331-6482
Original Issuance Date:	04/02/2003
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/29/2023		
Date of Bureau of Fire Services Inspection if applicable: N/A		
Date of Health Authority Inspection if applicable: 05/29/2023		
No. of staff interviewed and/or observed2No. of residents interviewed and/or observed2No. of others interviewed1Role:ORR		
• Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.		
 Medication(s) and medication record(s) reviewed? Yes X No I If no, explain 	ain.	
 Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I 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 I 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.

On August 29, 2023, I provided Licensee Larry Comai with an exit conference. I explained my finding as noted above. Mr. Comai stated he understood, had no further information to provide concerning this renewal inspection and that he had no further questions.

IV. RECOMMENDATION

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

Brene Of Jessen August 30, 2023

Bruce A. Messer Licensing Consultant Date