



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 12, 2023

Amber Hernandez-Bunce
Cornerstone AFC, LLC
P.O. Box 277
Bloomingtondale, MI 49026

RE: License #: AS800413641
North Lake Home
12201 56th Street
Grand Junction, MI 49056

Dear Licensee Designee:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AS800413641

Licensee Name: Cornerstone AFC, LLC

Licensee Address: P.O. Box 277
Bloomingtondale, MI 49026

Licensee Telephone #: (269) 628-2100

Licensee: Tracie Hernandez

Licensee Designee/Administrator: Amber Hernandez-Bunce

Name of Facility: North Lake Home

Facility Address: 12201 56th Street
Grand Junction, MI 49056

Facility Telephone #: (269) 762-2969

Original Issuance Date: 01/31/2023

Capacity: 6

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

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/12/2023

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

Date of Health Authority Inspection if applicable: 08/24/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 4 Role: Human Resources

- 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.
The water temperature was measured to be 118 degrees Fahrenheit.
- Incident report follow-up? Yes No If no, explain.
Incident reports were reviewed related to special investigations.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
3/26/23 - R400.14312(1), 5/8/23 - R400.14312 (2)(4a), 9/25/23 - R400.14201(9c)
and R400.14313(4), 9/19/23 - R400.14312(2) and R400.14311(3) 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 small group home (capacity 1-6).



10/12/2023

Kristy Duda
Licensing Consultant

Date