

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 8, 2023

Taylor Hall Morning Glory Adult Foster Care LLC 1266 N. Forward Road Lake City, MI 49651

RE: License #: AM570363712

Morning Glory Adult Foster Care LLC 1266 N. Forward Road Lake City, MI 49651

Dear Ms. Hall:

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 (616) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant

Brene O Messen

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 #: AM570363712

Licensee Name: Morning Glory Adult Foster Care LLC

Licensee Address: 1266 N. Forward Road

Lake City, MI 49651

Licensee Telephone #: (231) 839-1131

Licensee Designee: Taylor Hall

Administrator: Taylor Hall

Name of Facility: Morning Glory Adult Foster Care LLC

Facility Address: 1266 N. Forward Road

Lake City, MI 49651

Facility Telephone #: (231) 839-1131

Original Issuance Date: 06/05/2015

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	11/07/2	2023	
Date	e of Bureau of Fire Services Inspection if appl	icable: (09/22/2023	
Date	e of Health Authority Inspection if applicable:		08/23/2023	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		2 7	
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Y	∕es ⊠ 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	cplain.		
•	Fire safety equipment and practices observed	d? Yes	No □ If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	• ,		
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, expl	ain.	
•	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 November 7, 2023, I provided Licensee Designee Taylor Hall with an exit conference. I explained my findings as noted above. Ms. Hall stated she understood and that she had no further information to provide concerning this renewal inspection. She had no further questions at the time of the exit conference.

IV. RECOMMENDATION

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

Brene O Klessen	
/ maco / suca	November 8, 2023

Bruce A. Messer Date Licensing Consultant