



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 17, 2023

Gilford Benton, Jr.  
Lou's AFC Inc  
1257 S Jefferson Ave  
Saginaw, MI 48601

RE: License #: AL730406566  
**Lou's AFCH Inc**  
**1257 S Jefferson Ave**  
**Saginaw, MI 48601**

Dear Gilford Benton, Jr.:

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: *(choose one or more)*

- You are to submit documentation of compliance.
- 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, pending full approval from Bureau of Fire Services. 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL730406566
<b>Licensee Name:</b>	Lou's AFC Inc
<b>Licensee Address:</b>	1257 S Jefferson Ave Saginaw, MI 48601
<b>Licensee Telephone #:</b>	(989) 752-2803
<b>Licensee/Licensee Designee:</b>	Gilford Benton, Jr., Designee
<b>Administrator:</b>	Gilford Benton Jr.
<b>Name of Facility:</b>	Lou's AFCH Inc
<b>Facility Address:</b>	1257 S Jefferson Ave Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 752-2803
<b>Original Issuance Date:</b>	05/25/2021
<b>Capacity:</b>	20
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/07/2023

Date of Bureau of Fire Services Inspection if applicable: Pending

Date of Health Authority Inspection if applicable: 11/07/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 15

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.
- 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**

This facility was found to be in non-compliance with the following rules:

**R 400.15403 Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

The ceiling in bedroom #5 was discolored and appeared in need of being repaired.

**R 400.14401 Environmental Health**

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door. Openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

Several openable windows in resident bedrooms were not equipped with standard screens.

A corrective action plan was requested and approved on 11/07/2023. 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**

An acceptable corrective action plan has been received. Pending full approval from the Bureau of Fire Services, renewal of the license is recommended.



11/17/2023

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Christopher Holvey  
Licensing Consultant

Date