



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 7, 2023

Sarah Luna  
15908 US Hwy 27 North  
Marshall, MI 49068

RE: License #: AF130318133  
**Best Care Plus Living Center West**  
**15908 US Hwy 27 North**  
**Marshall, MI 49068**

Dear Ms. Luna:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care family home license are renewed. The regular license 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,

*Kevin L. Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-3704

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AF130318133
<b>Licensee Name:</b>	Sarah Luna
<b>Licensee Address:</b>	15908 US Hwy 27 North Marshall, MI 49068
<b>Licensee Telephone #:</b>	(269) 986-7888
<b>Licensee Designee:</b>	Sarah Luna
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Best Care Plus Living Center West
<b>Facility Address:</b>	15908 US Hwy 27 North Marshall, MI 49068
<b>Facility Telephone #:</b>	(269) 986-7888
<b>Original Issuance Date:</b>	06/21/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/06/2023

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

Date of Health Authority Inspection if applicable: 08/1/2023

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

- 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.  
During the on-site inspection, meals were not served.
- 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 family home (capacity 1-6).

*Kevin L. Sellers*

12/07/2023

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Kevin Sellers  
Licensing Consultant

Date