



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 12, 2023

Stella Agonor
Bettercare AFC Inc.
2120 Cawdor Ct
Lansing, MI 48917

RE: License #: AS330405235
Bettercare AFC
204 West Greenlawn Avenue
Lansing, MI 48910

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 cursive script that reads "Jana Lipps". The signature is written in dark ink on a light background.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AS330405235
Licensee Name:	Bettercare AFC Inc.
Licensee Address:	2120 Cawdor Ct Lansing, MI 48917
Licensee Telephone #:	(517) 410-4331
Licensee Designee:	Stella Agonor
Administrator:	Stella Agonor
Name of Facility:	Bettercare AFC
Facility Address:	204 West Greenlawn Avenue Lansing, MI 48910
Facility Telephone #:	(517) 410-4331
Original Issuance Date:	06/26/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/04/23

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: LD, Stella Agonor

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No residents in the facility for the duration of this six-month temporary license period.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
No residents in the facility for the duration of this six-month temporary license period.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. No residents in the facility for the duration of this six-month temporary license period.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No residents in the facility for the duration of this six-month temporary license period.
- Fire drills reviewed? Yes ☐ No ☐ If no, explain.
No residents in the facility for the duration of this six-month temporary license period.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☒ N/A ☐
If no, explain. No residents in the facility for the duration of this six-month temporary license period.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.
No residents in the facility for the duration of this six-month temporary license period.
- 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:

MCL 400.713 License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

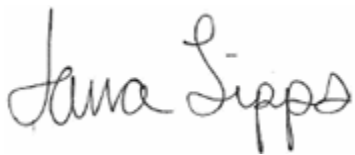
(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(b) The applicant's compliance with this act and rules promulgated under this act.

There has not been a resident admitted to this facility since the original license was issued on 6/26/23, therefore the quality of care cannot be assessed for renewal.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



12/12/23

_____ Date

Jana Lipps
Licensing Consultant

Approved:



12/12/2023

Date

Dawn Timm
Area Manager