



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 5, 2024

Fay Killingsworth
Hillcrest AFC, LLC
7733 Kingsley Road
Kingsley, MI 49649

RE: License #: AM280384609
Hillcrest AFC
7733 Kingsley Road
Kingsley, MI 49649

Dear Fay Killingsworth:

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 are 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,

A handwritten signature in cursive script, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
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 #:	AM280384609
Licensee Name:	Hillcrest AFC, LLC
Licensee Address:	7733 Kingsley Road Kingsley, MI 49649
Licensee Telephone #:	(231) 263-5975
Licensee Designee:	Fay Killingsworth
Administrator:	Fay Killingsworth
Name of Facility:	Hillcrest AFC
Facility Address:	7733 Kingsley Road Kingsley, MI 49649
Facility Telephone #:	(231) 263-7026
Original Issuance Date:	07/17/2019
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/05/2024
Date of Bureau of Fire Services Inspection if applicable: 10/20/2023
Date of Health Authority Inspection if applicable: 11/08/2023
No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 10
No. of others interviewed 1 Role: ORR

- 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: 01/20/2022 R408.7 N/A
- Number of excluded employees followed-up? 1 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.

On January 5, 2024, I conducted an exit conference with Licensee Designee Fay Killingsworth. I explained my finding as noted above. Ms. Killingsworth stated she understood and that she had no further questions concerning this renewal inspection.

IV. RECOMMENDATION

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

 January 5, 2024

Bruce A. Messer
Licensing Consultant

Date