

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 7, 2024

Strong, Stacie and Strong, Gabriel 211 Friant St.
Grand Haven, MI 49417

RE: License #: AF700289249

Strong AFC 211 Friant St.

Grand Haven, MI 49417

Dear Strong, Stacie and Strong, Gabriel:

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.

OR

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 license is valid only at your present address and is nontransferable.

OR

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.
- You are to submit a Statement of Correction.
- 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. It is valid only at your present address and is nontransferable.

OR

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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

OR

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.

OR

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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,

Ian Tschirhart, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 (616) 644-9526

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

I. IDENTIFYING INFORMATION

LicenseLicense #: AF700289249

Licensee Name: Strong, Stacie and Strong, Gabriel

Licensee Address: 211 Friant St.

Grand Haven, MI 49417

Licensee Telephone #: (616) 296-9020

Licensee/Licensee Designee: N/A

Administrator:

Name of Facility: Strong AFC

Facility Address: 211 Friant St.

Grand Haven, MI 49417

Facility Telephone #: (616) 296-9020

Original Issuance Date: 10/09/2007

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	02/07/2	2024	
Date	e of Bureau of Fire Services Inspection if appl	icable:		
Date	e of Health Authority Inspection if applicable:			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:	l		
•	Medication pass / simulated pass observed?	Yes [No ☐ If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Y	∕es	
•	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 \(\square\) No \(\square\) If no, ex	xplain.		
•	Fire safety equipment and practices observe	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	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

This facility was determined to be in substantial compliance with rules and requirements. *(remove if this does not apply)*

The facility is in compliance with all applicable rules and statutes.

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

An acceptable corrective action plan has been received. Renewal of the license is recommended.

OR

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

OR

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

OR

Refusal to renew the license is recommended.

lan Tschirhart	Date
Licensing Consultant	