



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

March 4, 2024

Kelly Payton-Bauman  
Payton's AFC Home Inc  
05520 Kuzmick Road  
Elmira, MI 49730

RE: License #: AM150086769  
**Payton's AFC Home**  
**05520 Kuzmick Road**  
**Elmira, MI 49730**

Dear Ms. Payton-Bauman:

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: 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.

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 "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM150086769
<b>Licensee Name:</b>	Payton's AFC Home Inc
<b>Licensee Address:</b>	05520 Kuzmick Road Elmira, MI 49730
<b>Licensee Telephone #:</b>	(231) 549-2790
<b>Licensee/Licensee Designee:</b>	Kelly Payton-Bauman, Designee
<b>Administrator:</b>	Kelly Payton-Bauman
<b>Name of Facility:</b>	Payton's AFC Home
<b>Facility Address:</b>	05520 Kuzmick Road Elmira, MI 49730
<b>Facility Telephone #:</b>	(231) 549-2790
<b>Original Issuance Date:</b>	09/01/1999
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/01/2024

Date of Bureau of Fire Services Inspection if applicable: 03/08/2023

Date of Health Authority Inspection if applicable: 01/23/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 10

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.
- 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 rule:

**R 400.14401**

#### **Environmental health.**

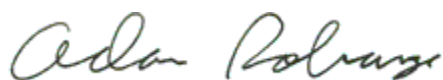
(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature in a resident bathroom was measured at 121 degrees Fahrenheit at the time of the inspection.

A corrective action plan was requested and approved on 03/01/2024. 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

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



3/4/2024

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Adam Robarge  
Licensing Consultant

Date