



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 12, 2024

Valarie Franzel
Babions Foster Care Corp.
3510 S. Gleaner Rd.
Saginaw, MI 48609

RE: License #: AM730309598
Babions Foster Care
305 S. Midland St.
Merrill, MI 48637

Dear Valerie Franzel:

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 medium group home license is 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

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

I. IDENTIFYING INFORMATION

License #: AM730309598

Licensee Name: Babions Foster Care Corp.

Licensee Address: 3510 S. Gleaner Rd.
Saginaw, MI 48609

Licensee Telephone #: (989) 642-3285

Licensee/Licensee Designee: Valarie Franzel

Administrator: Valerie Franzel

Name of Facility: Babions Foster Care

Facility Address: 305 S. Midland St.
Merrill, MI 48637

Facility Telephone #: (989) 643-5294

Original Issuance Date: 09/19/2011

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 04/24/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 12

No. of others interviewed 1 Role: Licensee Designee

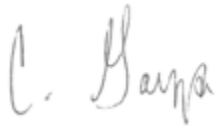
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



3/12/2024

Christina Garza
Licensing Consultant

Date