



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 11, 2024

Gayle Emmons  
2419 14th Road  
Bark River, MI 49807

RE: License #: AF210095027  
Emmons AFC Home  
2419 14th Road  
Bark River, MI 49807

Dear Ms. Emmons:

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.

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 "Maria DeBacker".

Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems  
305 Ludington St  
Escanaba, MI 49829  
(906) 280-8531

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF210095027
<b>Licensee Name:</b>	Gayle Emmons
<b>Licensee Address:</b>	2419 14th Road Bark River, MI 49807
<b>Licensee Telephone #:</b>	(906) 466-2646
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	
<b>Name of Facility:</b>	Emmons AFC Home
<b>Facility Address:</b>	2419 14th Road Bark River, MI 49807
<b>Facility Telephone #:</b>	(906) 466-2646
<b>Original Issuance Date:</b>	09/11/2001
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/27/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 3  
No. of others interviewed Role:

- 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.  
Time did not permit
- 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 determined to be in substantial compliance with rules and requirements.

#### IV. RECOMMENDATION

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

*Maria Debacker*

3/11/2024

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Maria Debacker  
Licensing Consultant

Date