



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 22, 2024

Zoe Thorn  
4349 Sunnymeade Ave.  
Burton, MI 48519

RE: License #: AM250389333  
Thorn Adult Foster Care  
4901 N Saginaw St  
Flint, MI 48505

Dear Zoe Thorn:

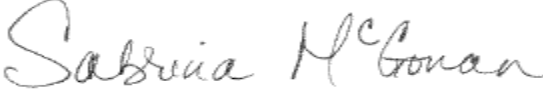
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

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 "Sabrina McGowan". The signature is written in black ink and is positioned below the word "Sincerely,".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

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

**I. IDENTIFYING INFORMATION**

**License #:** AM250389333

**Licensee Name:** Zoe Thorn

**Licensee Address:** 4349 Sunnymeade Ave.  
Burton, MI 48519

**Licensee Telephone #:** (810) 337-2196

**Licensee/Licensee Designee:** N/A

**Administrator:** Zoe Thorn

**Name of Facility:** Thorn Adult Foster Care

**Facility Address:** 4901 N Saginaw St  
FLINT, MI 48505

**Facility Telephone #:** (810) 785-4234

**Original Issuance Date:** 10/13/2017

**Capacity:** 12

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/20/2024

Date of Bureau of Fire Services Inspection if applicable: 03/14/2024

Date of Health Authority Inspection if applicable: 03/14/2024

No. of staff interviewed and/or observed 1

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. No IR's to review.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 03/20/2022-R403(1). 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 rules:

**R 400.14301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

3 resident files reviewed did not have health care appraisals for the year 2023 on file.

**R 400.14301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

1 resident file reviewed did not have an updated assessment plan.

**R 400.14313**      **Resident nutrition.**

**(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.**

Licensee did not have a record of menus for the year 2023.

**R 400.14403 Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

Blinds torn in resident rooms and 1 bathroom.  
Bathroom mirror missing from the wall.  
Molding around upstairs bathtub needs repair/replacing.  
Large dent in the wall in a resident's room.  
Water damage present around

**R 400.14410 Bedroom furnishings.**

**(1) The bedroom furnishings in each bedroom shall include all of the following:**

**(d) At least 1 chair.**

Resident rooms did not contain chairs.

**R 400.14410 Bedroom furnishings.**

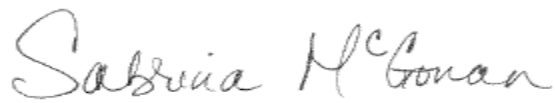
**(1) The bedroom furnishings in each bedroom shall include all of the following:**

**(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.**

Resident room did not contain a mirror for grooming.

#### IV. RECOMMENDATION

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



March 22, 2024

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Sabrina McGowan  
Licensing Consultant

Date