



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 6, 2022

Theresa Chang
Citizens For Quality Care Co.
2348 Estates Courts
Ann Arbor, MI 48103

RE: License #: AL460070146
Citizens for Quality Care Morenci
233 Baker Street
Morenci, MI 49256

Dear Ms. Chang:

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 will be renewed upon receipt of an acceptable Bureau of Fire Services certification.

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, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 240-3850

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

I. IDENTIFYING INFORMATION

License #: AL460070146

Licensee Name: Citizens For Quality Care Co.

Licensee Address: 2348 Estates Courts
Ann Arbor, MI 48103

Licensee Telephone #: (734) 327-0818

Administrator /Licensee Designee: Theresa Chang

Name of Facility: Citizens for Quality Care Morenci

Facility Address: 233 Baker Street
Morenci, MI 49256

Facility Telephone #: (517) 458-2344

Original Issuance Date: 06/21/1996

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/25/2022

Date of Bureau of Fire Services Inspection if applicable: 10/11/2021 – C-Rating

4/12/2022-A-Rating

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [REDACTED]

- 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 determined to be in substantial compliance with rules and requirements

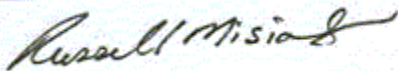
IV. RECOMMENDATION

Upon receipt of an acceptable Bureau of Fire Services certification, I recommend issuance of a 2 year regular adult foster care license.



Dwight Forde
Licensing Consultant

Date 4/6/2022



Russell Misiak
Area Manager

Date 4/8/2022