



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 22, 2023

JoAnn Freeland  
Golden Years Adult Foster Care Home, Inc.  
90 E. Hallett Street  
Hillsdale, MI 49242

RE: License #: AM300302646  
Golden Years AFC Homes Inc.  
1885 S. Osseo Road  
Osseo, MI 49266

Dear Ms. Freeland:

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 license is valid only at your present address and is nontransferable.

Please contact me with any questions. If 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 black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W. Unit 13, 7th Floor  
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 #:** AM300302646

**Licensee Name:** Golden Years Adult Foster Care Home, Inc.

**Licensee Address:** 90 E. Hallett Street  
Hillsdale, MI 49242

**Licensee Telephone #:** (616) 795-2433

**Licensee Designee:** JoAnn Freeland

**Administrator:** JoAnn Freeland

**Name of Facility:** Golden Years AFC Homes Inc.

**Facility Address:** 1885 S. Osseo Road  
Osseo, MI 49266

**Facility Telephone #:** (517) 523-2100

**Original Issuance Date:** 06/29/2010

**Capacity:** 11

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/12/23

Date of Bureau of Fire Services Inspection if applicable: 7/2/22 A-Rating

Date of Health Authority Inspection if applicable: 10/10/22 A-Rating

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

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.  
No follow-up needed
- 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 adult foster care license.



1/22/23

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Dwight Forde  
Licensing Consultant

Date