



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 3, 2024

Tawnya Ebels  
Prevailing Grace, LLC  
292 E Falmouth Rd  
Falmouth, MI 49632

RE: License #: AM570388583  
**Quiet Creek AFC**  
**292 E Falmouth Rd**  
**Falmouth, MI 49632**

Dear Ms. Ebels:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM570388583
<b>Licensee Name:</b>	Prevailing Grace, LLC
<b>Licensee Address:</b>	292 E Falmouth Rd Falmouth, MI 49632
<b>Licensee Telephone #:</b>	(231) 826-0020
<b>Licensee Designee:</b>	Tawnya Ebels
<b>Administrator:</b>	Tawnya Ebels
<b>Name of Facility:</b>	Quiet Creek AFC
<b>Facility Address:</b>	292 E Falmouth Rd Falmouth, MI 49632
<b>Facility Telephone #:</b>	(231) 826-0020
<b>Original Issuance Date:</b>	01/02/2018
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/30/2024  
Date of Bureau of Fire Services Inspection if applicable: 04/09/2024  
Date of Health Authority Inspection if applicable: 03/26/2024  
No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 8  
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:  
CAP dated 3/24/24 R315(10) 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.

On May 30, 2024, I conducted an exit conference with Licensee Designee Tawnya Ebels. I explained my finding as noted above. Ms. Ebels noted that she understood and had no further information to provide concerning this renewal inspection. She had no additional questions pertaining to this renewal inspection.

#### **IV. RECOMMENDATION**

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

 June 3, 2024

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Bruce A. Messer  
Licensing Consultant

Date