



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 16, 2024

Michael Kirby
Kirby's Adult Foster Care Services Inc.
2285 E. Lily Lake
Harrison, MI 48625

RE: License #: AS670411558
Salutary AFC
21075 One Mile Rd.
Reed City, MI 49677

Dear Michael Kirby:

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 and special certification 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 blue ink, reading "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

License #:	AS670411558
Licensee Name:	Kirby's Adult Foster Care Services Inc.
Licensee Address:	2285 E. Lily Lake Harrison, MI 48625
Licensee Telephone #:	(989) 430-8061
Licensee Designee:	Michael Kirby
Administrator:	Michael Kirby
Name of Facility:	Salutary AFC
Facility Address:	21075 One Mile Rd. Reed City, MI 49677
Facility Telephone #:	(231) 832-5016
Original Issuance Date:	05/11/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/15/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 07/08/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: ORR

- 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? 2 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 October 16, 2024, I conducted an exit conference with Licensee Designee Mike Kirby. I explained my findings as noted above. Mr. Kirby indicated he understood, had no further information to provide, nor any questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

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



October 16, 2024

Bruce A. Messer
Licensing Consultant

Date