

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 1, 2024

Cheria Gross Gross Adult Foster Care Inc. 1267 E Farrand Rd Clio, MI 48420

RE: License #: AM250410434

Gross Lake Adult Foster Care

3390 W Lake Rd Clio, MI 48420

#### Dear Cheria Gross:

Attached is the Renewal Licensing Study Report for the facility referenced above. our Adult Foster Care medium group home license and special certification are renewed. The regular license and special certification is valid only at your present address and is nontransferable You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

An on-site inspection will be conducted.

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,

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 #:** AM250410434

**Licensee Name:** Gross Adult Foster Care Inc.

**Licensee Address:** 1267 E Farrand Rd

Clio, MI 48420

**Licensee Telephone #:** (810) 691-1459

Licensee/Licensee Designee: Cheria Gross

Administrator: Cheria Gross

Name of Facility: Gross Lake Adult Foster Care

Facility Address: 3390 W Lake Rd

Clio, MI 48420

**Facility Telephone #:** (810) 691-1459

Original Issuance Date: 05/20/2022

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

## **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	11/01/2	024
Date	e of Bureau of Fire Services Inspection if appl	icable:	05/21/2024
Date	e of Health Authority Inspection if applicable:		07/22/2024
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e	1 3
•	Medication pass / simulated pass observed?	Yes 🛚	No 🗌 If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	es 🗵 No 🗌 If no, explain.
•	Resident funds and associated documents re Yes \( \subseteq \ No \( \subseteq \) If no, explain. Meal preparation / service observed? Yes \( \subseteq \)		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	oplain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No  If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □	- ,	
•	Incident report follow-up? Yes \( \subseteq \text{No } \Bigseleq \text{If it } \text{No IR's to review.} \)  Corrective action plan compliance verified? \( \text{N/A} \Bigseleq \)	Yes 🗌	CAP date/s and rule/s:
•	Number of excluded employees followed-up?		N/A ⊠
•	Variances? Yes (please explain) No	N/A IXI	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14402 Food service.

(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

Expired canned goods in pantry. Expired meat in freezer.

A corrective action plan was requested and approved on 11/01/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

#### IV. RECOMMENDATION

Licensing Consultant

Choose one:

An acceptable corrective action plan has been received. I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).

Sabrina McGowan Date