

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

October 17, 2024

Denise Sparck 7827 Moorish Rd. Bridgeport, MI 48722

RE: License #:	AF730389961
	Sparck's AFC
	7827 Moorish Rd.
	Bridgeport, MI 48722

Dear Denise Sparck:

Attached is the Renewal Licensing Study Report for the facility referenced above. 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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (517) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant

Bureau of Community and Health Systems

411 Genesee

P.O. Box 5070

Saginaw, MI 48607

989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AF730389961
Licensee Name:	Denise Sparck
Licensee Address:	7827 Moorish Rd.
	Bridgeport, MI 48722
Lisansas Talanhana #	(000) 740 0454
Licensee Telephone #:	(989) 746-0454
Licensee:	Denise Sparck
Administrator:	N/A
Name of Facility:	Sparck's AFC
Facility Address:	7827 Moorish Rd.
	Bridgeport, MI 48722
Facility Telephone #:	(989) 746-0454
-	
Original Issuance Date:	05/18/2018
Capacity:	4
Due sure True c	DEVELOPMENTALLY DICABLED
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED

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 applic	cable: 07/31/2024
No. of staff interviewed and/or observed No. of residents interviewed and/or observe No. of others interviewed O Role:	1 ed 0
Medication pass / simulated pass observed.	erved? Yes 🗵 No 🗌 If no, explain.
Medication(s) and medication record(s)	s) reviewed? Yes 🗵 No 🗌 If no, explain.
Yes ⊠ No □ If no, explain. • Meal preparation / service observed?	ring a mealtime. Residents were away at a
Fire safety equipment and practices of	oserved? Yes 🗵 No 🗌 If no, explain.
 E-scores reviewed? (Special Certificat If no, explain. Water temperatures checked? Yes ∑ 	•,
 Incident report follow-up? Yes ☐ No There were no incident reports requirir Corrective action plan compliance veri N/A ☒ Number of excluded employees follow 	ng follow-up. fied? Yes CAP date/s and rule/s:
Variances? Yes ☐ (please explain) I	No □ N/A ⊠

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:		
R 400.1421	Handling of resident funds and valuables.	
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.	
	rispection, Resident A's file did not have a Resident Funds Record dout and on file.	

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

10/17/2024

Date

This was corrected during this on-site by the licensee.

Licensing Consultant