



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 2, 2024

Anjali Gaikwad  
6444 Niles Road  
St Joseph, MI 49085

RE: License #: AM110007854  
**Royalton AFC Home**  
**6444 Niles Road**  
**St Joseph, MI 49085**

Dear Anjali Gaikwad:

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. 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 cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM110007854
<b>Licensee Name:</b>	Anjali Gaikwad
<b>Licensee Address:</b>	6444 Niles Road St Joseph, MI 49085
<b>Licensee Telephone #:</b>	(269) 429-9867
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	Pramod Gaikwad
<b>Name of Facility:</b>	Royalton AFC Home
<b>Facility Address:</b>	6444 Niles Road St Joseph, MI 49085
<b>Facility Telephone #:</b>	(269) 470-6271
<b>Original Issuance Date:</b>	06/01/1983
<b>Capacity:</b>	10
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/1/24

Date of Bureau of Fire Services Inspection if applicable: 9/10/24, 9/11/23

Date of Health Authority Inspection if applicable: 5/10/24

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role:

- 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? 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.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



10/2/24

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Rodney Gill  
Licensing Consultant

Date