



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 5, 2025

Peggy Selmon  
2325 Peck St.  
Muskegon Heights, MI 49444

RE: License #:	AF610311174 Morning Glory AFC 2325 Peck St. Muskegon Heights, MI 49444
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Dear Ms. Selmon:

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:

- You are to submit documentation of compliance.
- You submitted an acceptable Statement of Correction.
- Set up a date and time with your licensing consultant for review of the corrections to the violations documented in this report.

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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF610311174
<b>Licensee Name:</b>	Peggy Selmon
<b>Licensee Address:</b>	2325 Peck St. Muskegon Heights, MI 49444
<b>Licensee Telephone #:</b>	(231) 739-0993
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Morning Glory AFC
<b>Facility Address:</b>	2325 Peck St. Muskegon Heights, MI 49444
<b>Facility Telephone #:</b>	(231) 733-7893
<b>Original Issuance Date:</b>	03/01/2011
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/14/2025

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

Date of Health Authority Inspection if applicable: 01/14/2025

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 2  
No. of others interviewed 1 Role: Licensee P. Selmon

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
At the time of the renewal inspection, resident medication were not being administered. A review of the paper MAR and resident medications was conducted.
- 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.  
Reviewed IR policy.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
1438, 1440, 1422 N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(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.
<p>Finding: Resident Funds Part II is not completed for resident rent and spending money.</p> <p>Licensee Response: Ms. Selmon documented in a statement of correction that she will complete consistently Resident Funds Part II for all residents beginning immediately.</p>	
<b>R 400.1422</b>	<b>Resident records.</b>
	<p>(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all the following information:</p> <p>(g) Weight record.</p>
<p>Finding: Resident weights are not consistently documented and on the weight recording form.</p> <p>Licensee Response: Ms. Selmon documented in a statement of correction that she will consistently document all resident weights each month beginning immediately.</p>	
<b>R 400.1438</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.

Finding: There is no documentation of fire drills conducted 4 times a year, two during sleeping hours.

Licensee Response: Ms. Selmon documented in a statement of correction that she will consistently run and document all fire drills conducted. This will begin immediately.

A corrective action plan was requested and approved on 01/14/2025. 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 will 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.

#### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult family home (capacity 6).



03/05/2025

Date

Licensing Consultant