



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 2, 2025

Carrie Dextrom  
Magnolia Care AFC Home LLC  
4045 N Seeley Road  
Manton, MI 49663

RE: License #: AL570396923  
**Magnolia Care AFC West**  
**9200 W Walker Road**  
**Manton, MI 49663**

Dear Carrie Dextrom:

Attached is the Licensing Study Report for the above-mentioned facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are 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) 356-0100.

Sincerely,

A handwritten signature in blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
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**

<b>License #:</b>	AL570396923
<b>Licensee Name:</b>	Magnolia Care AFC Home LLC
<b>Licensee Address:</b>	4045 N Seeley Road Manton, MI 49663
<b>Licensee Telephone #:</b>	(231) 878-8352
<b>Licensee Designee:</b>	Carrie Dextrom
<b>Administrator:</b>	Carrie Dextrom
<b>Name of Facility:</b>	Magnolia Care AFC West
<b>Facility Address:</b>	9200 W Walker Road Manton, MI 49663
<b>Facility Telephone #:</b>	(231) 839-4585
<b>Original Issuance Date:</b>	02/20/2019
<b>Capacity:</b>	17
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/01/2025

Date of Bureau of Fire Services Inspection if applicable: 09/11/2024

Date of Health Authority Inspection if applicable: 03/10/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

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? 1 N/A ☐
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

On July 1, 2025, I provided Licensee Designee Carrie Dextrom with an exit conference. I explained my finding as noted above. Ms. Dextrom stated that she understood the finding, had no further information to provide, nor questions to ask, concerning this renewal inspection.

#### **IV. RECOMMENDATION**

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

 July 2, 2025

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Bruce A. Messer  
Licensing Consultant

Date