



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 16, 2025

Karen Conquest
11437 Runnells Dr.
Clio, MI 48420

RE: License #: AM730009474
Conquests AFC Home
1914 N Bond
Saginaw, MI 48602

Dear Ms. Conquest:

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. 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,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is fluid and cursive, with a large loop at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AM730009474
Licensee Name:	Karen Conquest
Licensee Address:	11437 Runnells Dr. Clio, MI 48420
Licensee Telephone #:	(989) 928-3288
Licensee/Licensee Designee:	N/A
Administrator:	Karen Conquest
Name of Facility:	Conquests AFC Home
Facility Address:	1914 N Bond Saginaw, MI 48602
Facility Telephone #:	(989) 752-5811
Original Issuance Date:	12/01/1997
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/03/2025

Date of Bureau of Fire Services Inspection if applicable: 10/18/2024

Date of Health Authority Inspection if applicable: 07/03/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 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

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

IV. RECOMMENDATION

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

A handwritten signature in black ink, reading "Anthony Humphrey". The signature is written in a cursive style with a large, looping "H" and a stylized "y".

07/16/2025

Anthony Humphrey
Licensing Consultant

Date