

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 12, 2025

Jamie Bigby You're Always At Home AFC LLC 243 251 N. Rose St. Kalamazoo, MI 49007

RE: License #: AS390414310

You're Always At Home AFC #2

210 Burnham Dr. Kalamazoo, MI 49007

Dear Jaime Bigby:

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) 335-5985.

Sincerely,

gi to the

Eli DeLeon, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (269) 251-4091

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

I. IDENTIFYING INFORMATION

License #: AS390414310

Licensee Name: You're Always At Home AFC LLC

Licensee Address: 243

251 N. Rose St.

Kalamazoo, MI 49007

Licensee Telephone #: (269) 365-9310

Licensee/Licensee Designee: Jamie Bigby

Administrator: Jamie Bigby

Name of Facility: You're Always At Home AFC #2

Facility Address: 210 Burnham Dr.

Kalamazoo, MI 49007

Facility Telephone #: (269) 365-9310

Original Issuance Date: 02/01/2023

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/01/2025
Date	e of Bureau of Fire Services Inspection if applicable:	N/A
Date	e of Health Authority Inspection if applicable:	N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: 0	1
•	Medication pass / simulated pass observed? Yes \boxtimes	No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Ye	es 🗵 No 🗌 If no, explain.
•	Resident funds and associated documents reviewed for Yes ⊠ No ☐ If no, explain. Meal preparation / service observed? Yes ⊠ No ☐	
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.	
•	Fire safety equipment and practices observed? Yes [⊠ No lf no, explain.
•	E-scores reviewed? (Special Certification Only) Yes If no, explain. Water temperatures checked? Yes No If no, explain.	
•	Incident report follow-up? Yes ⊠ No □ If no, expla	in.
•	Corrective action plan compliance verified? Yes ☐ 0 N/A ☒ Number of excluded employees followed-up?	CAP date/s and rule/s:
•	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.

Eli DeLeon Date Licensing Consultant