



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 2, 2025

Jacqueline Swanson  
Swansons Foster Home Inc  
P.O. Bo 3867  
Highland Park, MI 48203

RE: License #: AM820009970  
**Swanson's AFC Home, Inc.**  
**211 Cortland**  
**Highland Park, MI 48203**

Dear Ms. Swanson:

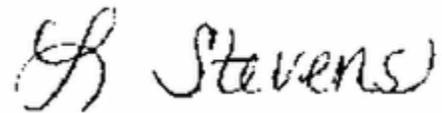
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0439.

Sincerely,

A handwritten signature in black ink that reads "LaKeitha Stevens". The first letter "L" is large and stylized, and the name "Stevens" is written in a cursive script.

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055

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

**I. IDENTIFYING INFORMATION**

**License #:** AM820009970

**Licensee Name:** Swansons Foster Home Inc

**Licensee Address:** P.O. Bo 3867  
Highland Park, MI 48203

**Licensee Telephone #:** (313) 865-3205

**Licensee/Licensee Designee:** Jacqueline Swanson, Designee

**Administrator:**

**Name of Facility:** Swanson's AFC Home, Inc.

**Facility Address:** 211 Cortland  
Highland Park, MI 48203

**Facility Telephone #:** (313) 865-3205

**Original Issuance Date:** 10/10/1984

**Capacity:** 12

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/2/2025

Date of Bureau of Fire Services Inspection if applicable: 08/18/2025

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 2  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A worksheet inspection was completed
- 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.  
A full worksheet inspection was completed.
- 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.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
LSR Dated 10/16/2023, Rules: 312(1) 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:

**R 400.14312 Resident medications.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(b) Complete an individual medication log that contains all of the following information:**

**(i) The medication.**

**(ii) The dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

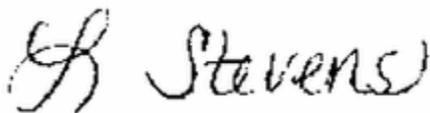
**(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**

**(vi) A resident's refusal to accept prescribed medication or procedures.**

At the time of inspection Resident A's Cinacalcet Hydrochloride 30mg and Cinacalcet 90mg tablets were not documented on the medication log and initialed as administered.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



10/02/2025

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LaKeitha Stevens  
Licensing Consultant

Date