



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 27, 2025

Agnes Kucharek
1993 Suisse Lane
Gaylord, MI 49735

RE: License #: AF690251907
Kucharek's AFC
1993 Suisse Lane
Gaylord, MI 49735

Dear Agnus Kucharek:

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 and special certification 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,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
931 S Otsego Ave Ste 3
Gaylord, MI 49735
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #:	AF690251907
Licensee Name:	Agnes Kucharek
Licensee Address:	1993 Suisse Lane Gaylord, MI 49735
Licensee Telephone #:	(989) 732-4749
Licensee/Licensee Designee:	N/A
Administrator:	Agnus Kucharek
Name of Facility:	Kucharek's AFC
Facility Address:	1993 Suisse Lane Gaylord, MI 49735
Facility Telephone #:	(989) 370-3976
Original Issuance Date:	04/29/2003
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/24/2025

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

Date of Health Authority Inspection if applicable: 06/16/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed Role:

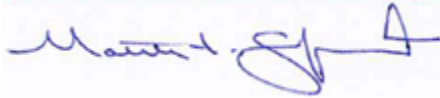
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
no meals during inspection, observed food supply
- 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 blue ink, appearing to read "Matthew Soderquist", followed by a stylized flourish.

10/27/25

Matthew Soderquist
Licensing Consultant

Date