



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 10, 2025

Teresa Root
Wrights AFC Home LLC
7230 N US 131
Manton, MI 49663

RE: License #: AM830416361
Wrights AFC Home LLC
7230 N US 131
Manton, MI 49663

Dear Teresa Root:

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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "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

License #: AM830416361

Licensee Name: Wrights AFC Home LLC

Licensee Address: 7230 N US 131
Manton, MI 49663

Licensee Telephone #: (231) 468-9385

Licensee Designee: Teresa Root

Administrator: Teresa Root

Name of Facility: Wrights AFC Home LLC

Facility Address: 7230 N US 131
Manton, MI 49663

Facility Telephone #: (231) 824-6032

Original Issuance Date: 06/08/2023

Capacity: 10

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/06/2025

Date of Bureau of Fire Services Inspection if applicable: 03/18/2025

Date of Health Authority Inspection if applicable: 08/19/2025

No. of staff interviewed and/or observed	2
No. of residents interviewed and/or observed	5
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? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On November 6, 2025, I conducted an exit conference with Licensee Designee Teresa Root. I explained my findings as noted above. Ms. Root stated she understood the finding, had no additional information to provide, nor any questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

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



November 10, 2025

Bruce A. Messer
Licensing Consultant

Date