



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 13, 2026

Cheria Gross
Gross Adult Foster Care Inc.
1267 E Farrand Rd
Clio, MI 48420

RE: License #:	AL250255297 Gross AFC 5286 E. Vienna Road Clio, MI 48420
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Dear Cheria Gross:

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) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AL250255297
Licensee Name:	Gross Adult Foster Care Inc.
Licensee Address:	1267 E Farrand Rd Clio, MI 48420
Licensee Telephone #:	(810) 691-1459
Licensee/Licensee Designee:	Cheria Gross
Administrator:	Cheria Gross
Name of Facility:	Gross AFC
Facility Address:	5286 E. Vienna Road Clio, MI 48420
Facility Telephone #:	(810) 691-1459
Original Issuance Date:	09/19/2003
Capacity:	14
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/09/2026

Date of Bureau of Fire Services Inspection if applicable: 05/14/2025

Date of Health Authority Inspection if applicable: 01/15/2026

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 14

No. of others interviewed 0 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? 0 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 special certification for MI/DD and regular adult foster care license.



04/13/2026

Martin Gonzales Licensing Consultant 517-388-8753	Date
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