



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 30, 2026

Cassandra Pressley  
8395 Parkside Drive  
GRAND BLANC, MI 48439

RE: License #:	AM250390141 <b>Tranquility House AFC</b> <b>2039 Clifford Street</b> <b>Flint, MI 48503</b>
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Dear Cassandra Pressley:

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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial 'S'.

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250390141
<b>Licensee Name:</b>	Cassandra Pressley
<b>Licensee Address:</b>	8395 Parkside Drive GRAND BLANC, MI 48439
<b>Licensee Telephone #:</b>	(810) 610-5942
<b>Licensee/Licensee Designee:</b>	Cassandra Pressley
<b>Administrator:</b>	Cassandra Pressley
<b>Name of Facility:</b>	Tranquility House AFC
<b>Facility Address:</b>	2039 Clifford Street Flint, MI 48503
<b>Facility Telephone #:</b>	(810) 610-5942
<b>Original Issuance Date:</b>	01/15/2020
<b>Capacity:</b>	11
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/29/2026

Date of Bureau of Fire Services Inspection if applicable: 09/12/2025

Date of Health Authority Inspection if applicable: 04/29/2026

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: N/A

- 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.  
My inspection did not take place during a mealtime.
- 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:  
04/30/24: R 400.14203(1) R 400.14318(5) 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:	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<p>At the time of my inspection, I noted the following:</p> <ul style="list-style-type: none"> <li>• The grout on the floor in the roll-in shower is in poor repair. It must be repaired so the floor is impervious to water</li> <li>• Several of the eavestroughs around the facility are clogged and must be cleaned</li> <li>• Several of the downspouts on the eavestroughs must be reattached</li> <li>• One of the eavestroughs on the back of the home is missing and the wood is damaged. The eavestrough must be replaced and the wood must be repaired</li> <li>• There is debris around the exterior of the home that must be picked up</li> </ul>	

**IV. RECOMMENDATION**

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

*Susan Hutchinson*

April 30, 2026

Susan Hutchinson Licensing Consultant	Date
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