



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 16, 2026

Vicky Cates
McAnally AFC Facility, Inc.
3960 Sharp Road
Adrian, MI 49221

RE: License #: AM460008927
McAnallys AFC Facility
325 E. Hunt, Adrian, MI 49221

Dear Vicky Cates:

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 and who will be responsible for implementing the corrective plan.
- 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 and a date.

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 black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AM460008927

Licensee Name: McAnally AFC Facility, Inc.

Licensee Address: 325 E. Hunt
Adrian, MI 49221

Licensee Telephone #: (517) 263-8745

Licensee Designee: Vicky Cates

Administrator: Vicky Cates

Name of Facility: McAnallys AFC Facility

Facility Address: 325 E. Hunt
Adrian, MI 49221

Facility Telephone #: (517) 263-8745

Original Issuance Date:

Capacity: 11

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/13/2026

Date of Bureau of Fire Services Inspection if applicable: 10/06/2025 A-Rating

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: [REDACTED]

- 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.
Mealtimes not concurrent with the inspection.
- 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 found to be in non-compliance with the following rules:

R 400.647 Safety and maintenance of premises.

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

The second floor bathroom vanity was in a state of disrepair.

R 400.655 Bathrooms.

(1) Bathroom and toilet amenities with windows must open easily for ventilation. Amenities without a window must have forced ventilation to the outside.

The first floor bathroom has no window but the fan to vent air outside was not working.

IV. RECOMMENDATION

On 4/20/26, an acceptable corrective action plan was received, therefore renewal of the license is recommended.



4/16/26

Dwight Forde
Licensing Consultant

Date