



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 12, 2026

Tawnya Ebels
Prevailing Grace, LLC
292 E Falmouth Rd
Falmouth, MI 49632

RE: License #: AM570388583
Quiet Creek AFC
292 E Falmouth Rd
Falmouth, MI 49632

Dear Tawnya Ebels:

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 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 cursive script, appearing to read "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 #:	AM570388583
Licensee Name:	Prevailing Grace, LLC
Licensee Address:	292 E Falmouth Rd Falmouth, MI 49632
Licensee Telephone #:	(231) 826-0020
Licensee Designee:	Tawnya Ebels
Administrator:	Tawnya Ebels
Name of Facility:	Quiet Creek AFC
Facility Address:	292 E Falmouth Rd Falmouth, MI 49632
Facility Telephone #:	(231) 826-0020
Original Issuance Date:	01/02/2018
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/11/2026

Date of Bureau of Fire Services Inspection if applicable: 03/10/2026

Date of Health Authority Inspection if applicable: 04/09/2026

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

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.
- 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

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

On June 11, 2026, I provided Licensee Designee Tawny Ebels with an exit conference. I explained my finding as noted above. Ms. Ebels stated she understood the finding, and 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.

 June 12, 2026

Bruce A. Messer
Licensing Consultant

Date