



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 23, 2026

Jodi Martinez
3749 Orchard Rd
Peck, MI 48466

RE: License #: AM760072288
Martinez AFC Home
3749 Orchard Road
Peck, MI 48466

Dear Jodi Martinez:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license and special certification for mentally ill and/or developmentally disabled is renewed. The regular license 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,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa St.
P.O. Box 30664
Lansing, MI 48909
(517) 648-8877

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

I. IDENTIFYING INFORMATION

License #:	AM760072288
Licensee Name:	Jodi Martinez
Licensee Address:	3749 Orchard Rd Peck, MI 48466
Licensee Telephone #:	(810) 378-5280
Licensee/Licensee Designee:	N/A
Administrator:	
Name of Facility:	Martinez AFC Home
Facility Address:	3749 Orchard Road Peck, MI 48466
Facility Telephone #:	(810) 378-5280
Original Issuance Date:	06/30/1997
Capacity:	11
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 03/13/2026

Date of Health Authority Inspection if applicable: 03/17/2026

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

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.
Inspection occurred prior to meal preparation/service.
- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification for mentally ill and/or developmentally disabled to this AFC adult medium group home (capacity 7-12).



06/23/2026

Cynthia Badour
Licensing Consultant

Date

