GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2026

Patricia Crawford
6254 N. 37th St.
Richland, MI 49083

RE: License #: AF390254614
Family Living AFC, Inc.
6254 N. 37th Street
Richland, MI 49083

Dear Patricia Crawford:

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 and specialized certification for the mentally ill and developmentally disabled, 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) 335-5985.

Sincerely,

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License#:	AF390254614
Licensee Name:	Patricia Crawford
Licensee Address:	6254 N. 37th St. Richland, MI 49083
Licensee Telephone #:	(269) 731-4025
Licensee:	Patricia Crawford
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Family Living AFC, Inc.
Facility Address:	6254 N. 37th Street Richland, MI 49083
Facility Telephone #:	(269) 731-4025
Original Issuance Date:	03/24/2003
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection: 07/16/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

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 N/A 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? 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 400.611 **Required information; fee; posting of license; change of information.**

(4) An applicant or licensee shall give written notice to the department within 10 business days after a change occurs in information that was previously submitted in or with an application for a license.

FINDING: Direct care staff, Crystal Nash, resides in the facility; however, a BCHS 100 form was never submitted.

R 400.617 **Records.**

(1) A licensee shall maintain the following records:
(u) Vaccination and licensing records of pets in the facility in accordance with section 6 of the dog law of 1919, 1919 PA 339, MCL 287.266, and the local municipality.

FINDING: The licensee did not have verification the facility's dogs had current licenses with the local municipality.

R 400.619 **Emergency preparedness plan.**

(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.

FINDING: The licensee did not have verification of instructing and retraining staff quarterly per calendar year on the emergency preparedness plan, on the operation of the fire alarm system and other fire protection equipment.

R 400.627 **Licensee and administrator training requirements.**

(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:

(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.

(b) 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as accepted by the department.

FINDING: The licensee did not have verification of annual training, as required.

R 400.629 Direct care staff; qualifications and training.

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

FINDING: Direct care staff, Crystal Nash, Randall Nash, and Gretchen Nelson, did not have verification of current CPR certification.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(e) Verification of experience, highest level of education completed, and training.

FINDING: The licensee did not have verification on file of direct care staff's highest level of education.

R 400.639 Staff records.

(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following:

(a) Names of staff on duty.

(b) Job titles.

(c) Hours or shifts worked.

(d) Date of schedule.

(e) Scheduling changes when made.

FINDING: A staff schedule was not available for review during the inspection.

R 400.665 Food service.

(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.

FINDING: Leftovers were observed in the refrigerator without labels to identify when they were prepared and when they should be discarded.

R 400.673 Use of assistive devices, therapeutic support.

(1) An assistive device or therapeutic support intended to achieve or maintain a resident's proper position to enhance mobility, physical comfort, safety, and well-being must be specified in the resident's assessment plan and agreed on by the resident or resident's designated representative.
(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

FINDING: There were multiple residents who were utilizing assistive devices; however, either physician's orders for the assistive devices were not available for review or the assistive devices were not documented in the resident's assessment plans.

- Resident A utilizes a walker; however, there was no physician's order available for review documenting the reason for and the term of use for the walker.

- Resident B utilizes a walker and bedrails; however, there were no physician's orders available for review documenting the reason for and terms of use for either the walker or bedrails. Resident B's bedrails were not documented in her assessment plan.

- Resident C utilizes a wheelchair; however, there was no physician's order available for review documenting the reason for and terms of use for the wheelchair.

R 400.675 Resident medications.

(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

FINDING: Resident F's medications were kept in her bedroom unlocked and unsecured.

R 400.675 Resident medications.

(3) Giving, taking, or applying of prescription medications must be supervised by a licensee, administrator, or direct care staff unless otherwise directed by an appropriately licensed health care professional in writing.

FINDING: Direct care staff, Crystal Nash, stated Resident E and Resident F self-administer their prescription medications; however, the licensee was unable to provide written documentation from an appropriately licensed health care professional authorizing the residents to self-administer their medications.

R 400.725 Means of egress.

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

FINDING: The primary and secondary means of egress in the facility on both the main level and basement were equipped with locking against egress hardware.

R 400.725 Means of egress.

(5) Facilities that accommodate residents who regularly require wheelchairs must be equipped with ramps located at 2 approved means of egress from the first floor. Ramps constructed before the effective date of these rules must not exceed 1 foot of rise in 12 feet of run. Ramps constructed on or after the effective date of these rules must comply with R 400.647(10). A ramp is not required when an egress door is level with the walkway.

FINDING: The facility only has one wheelchair ramp on the main level. An additional ramp must be constructed on the facility to accommodate residents who regularly require the use of a wheelchair.

R 400.731 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents must be enclosed in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood. The door must be hung in a fully stopped wood or steel frame and must be equipped with an automatic self-closing device and positive-latching hardware.

FINDING: The facility's furnace and hot water are located in the basement where residents reside; however, the furnace and hot water heater are not enclosed in a room that is constructed of material that has a 1 hour fire resistance rating with a door made of 1 ¾ inch sold core wood or equivalent that is hung in a fully stopped wood or steel frame equipped with an automatic self closing device and positive latching hardware.

It should be noted, when heat plants are required to be enclosed, sufficient clearance must be provided for servicing on all sides.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification for the mentally ill and developmentally disabled populations are recommended.

07/23/2026

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Cathy Cushman Date
Licensing Consultant