



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 15, 2026

Patricia Boyne  
9533 Meadow Lane  
Pinckney, MI 48169

RE: License #: AM470287209  
**Meadow Lane AFC**  
**9533 Meadow Lane**  
**Pinckney, MI 48169**

Dear Mrs. Boyne:

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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

|                                |                                        |
|--------------------------------|----------------------------------------|
| <b>License #:</b>              | AM470287209                            |
| <b>Licensee Name:</b>          | Patricia Boyne                         |
| <b>Licensee Address:</b>       | 9533 Meadow Lane<br>Pinckney, MI 48169 |
| <b>Licensee Telephone #:</b>   | (734) 891-0298                         |
| <b>Licensee:</b>               | Patricia Boyne                         |
| <b>Administrator:</b>          | Patricia Boyne                         |
| <b>Name of Facility:</b>       | Meadow Lane AFC                        |
| <b>Facility Address:</b>       | 9533 Meadow Lane<br>Pinckney, MI 48169 |
| <b>Facility Telephone #:</b>   | (734) 878-0708                         |
| <b>Original Issuance Date:</b> | 12/14/2009                             |
| <b>Capacity:</b>               | 10                                     |
| <b>Program Type:</b>           | DEVELOPMENTALLY DISABLED<br>AGED       |

## II. METHODS OF INSPECTION

Date of On-site Inspections: 07/15/2026

Date of Bureau of Fire Services Inspection if applicable: 03/19/2026

Date of Health Authority Inspection if applicable: 03/11/2026

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: licensee/administrator

- 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 was not during 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:  
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

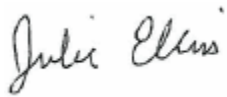
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



07/15/2026

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Julie Elkins  
Licensing Consultant

Date