



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 28, 2026

Carol Scissom
13165 Wilton Avenue
New Buffalo, MI 49117

RE: License #: AF110093402
Carol's Home
13165 Wilton Avenue
New Buffalo, MI 49117

Dear Ms. Scissom:

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 that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517) 980-1433

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

I. IDENTIFYING INFORMATION

License #:	AF110093402
Licensee Name:	Carol Scissom
Licensee Address:	13165 Wilton Avenue New Buffalo, MI 49117
Licensee Telephone #:	(269) 469-2825
Name of Facility:	Carol's Home
Facility Address:	13165 Wilton Avenue New Buffalo, MI 49117
Facility Telephone #:	(269) 469-2000
Original Issuance Date:	04/30/2001
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/22/26

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 4

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.
- 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.

On 7/22/26, I completed an exit conference with direct care staff member (DCSM) Katrina Scissom who functions as the administrator for this Adult Foster Care (AFC) family home. We discussed aspects of the new AFC single ruleset and new licensing requirements for AFC family homes.

IV. RECOMMENDATION

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



7/28/26

Rodney Gill
Licensing Consultant

Date