GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 8, 2026

Sandra Abrams-Rice and Gregory Abrams
225 Eloise Drive
Benton Harbor, MI 49022

RE: License #: AF110380112
**A Day to Remember AFC Home**
**225 Eloise Drive**
**Benton Harbor, MI 49022**

Dear Sandra Abrams-Rice and Gregory Abrams:

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,

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 #:** | AF110380112 |
| **Licensee Name:** | Sandra Abrams-Rice and Gregory Abrams |
| **Licensee Address:** | 225 Eloise Drive<br>Benton Harbor, MI 49022 |
| **Licensee Telephone #:** | (269) 252-2452 |
| **Name of Facility:** | A Day to Remember AFC Home |
| **Facility Address:** | 225 Eloise Drive<br>Benton Harbor, MI 49022 |
| **Facility Telephone #:** | (269) 252-5066 |
| **Original Issuance Date:** | 03/31/2016 |
| **Capacity:** | 5 |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/29/26

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 1
No. of residents interviewed and/or observed 2
No. of others interviewed 1 Role: Licensee

- 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 9/29/26, I conducted a face-to-face exit conference with licensee Sandra Abrams-Rice. I discussed M*edication Administration Records (MARs)* informing Mrs. Abrams-Rice how they must be completed.

I informed Mrs. Abrams-Rice that there are new resident forms, a new AFC Division – Baseline Screening for licensees / licensee designees / administrators / direct care staff members (DCSMs), and a new AFC Provider Training Attestation. I agreed to send these forms to Mrs. Abrams-Rice via email.

I discussed the need to get the Renewal application and fee in timely.

## IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult family home (capacity 1-6).



10/8/26

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Rodney Gill Date
Licensing Consultant