

# ENVIRONMENTAL HEALTH INSPECTION REPORT

Michigan Department of Licensing and Regulatory Affairs

Adult Foster Care and Homes for the Aged Licensing

Name of Facility			License Number		
Address of Facility (Number and Street)				Type of Facility	
City	State	Zip Code	Have there been any major changes to building and grounds since the last inspection? <input type="checkbox"/> NO <input type="checkbox"/> YES ▶ If yes, describe below		
Describe major changes to buildings and grounds since last inspection.					

**For AFC Family and Small Group Homes (6 or less residents): Complete Sections 1 and 2. All other inspections: Complete all sections.**

## Section 1 — Water Supply System

Is a municipal water supply system available? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, is it utilized? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the private well construction, location and maintenance satisfactory? <input type="checkbox"/> YES <input type="checkbox"/> UNABLE TO DETERMINE <input type="checkbox"/> NO (Explain)			
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If private well:			
Bacteriological Analysis: <input type="checkbox"/> DETECTED <input type="checkbox"/> NOT DETECTED		Date Sampled	Chemical Analysis (When necessary)
<b>Chemical Type</b>	<b>Date Sampled</b>	<b>Level Detected</b>	<b>Recommended Level</b>
Nitrates (NO <sub>3</sub> )		PPM	10 PPM
		PPM	PPM

## Section 2 — Sewage Disposal System

Is a municipal sewage disposal system available? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, is it utilized? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the private septic system construction, location and maintenance satisfactory? <input type="checkbox"/> YES <input type="checkbox"/> UNABLE TO DETERMINE <input type="checkbox"/> NO (Explain)			
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## Section 3

Insect and rodent control effective; garbage, rubbish, and solid waste properly collected, stored and removed; Proper screening of doors and windows.			
<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> UNABLE TO DETERMINE	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NON-COMPLIANCE (Explain)

## Section 4

Lighting, ventilation, and temperature satisfactory.			
<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> UNABLE TO DETERMINE	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NON-COMPLIANCE (Explain)

## Section 5

Site, fencing, buildings and other structures and general premises maintained in a clean and safe condition.			
<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> UNABLE TO DETERMINE	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NON-COMPLIANCE (Explain)

## Section 6

Swimming pool, beach, water activities, water hazards, equipment constructed and maintained in a clean and safe condition.			
<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> UNABLE TO DETERMINE	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NON-COMPLIANCE (Explain)

Name of Facility	License Number
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**Section 7**

Plumbing properly installed. Toilet and bathing facilities adequate and maintained in a clean and safe condition. Water temperature at accessible fixtures safe.

COMPLIANCE     
 UNABLE TO DETERMINE     
 NOT APPLICABLE     
 NON-COMPLIANCE (Explain)

**Section 8**

Food, beverages, and ice are from approved sources and are properly protected. Utensils and equipment are constructed and maintained in a safe and sanitary condition. Food handling, preparation, display, service and transportation are maintained in a safe and sanitary condition.

**Note: MCL 289.1107(j)(iii) excludes child care organizations regulated under 1973 PA 116, MCL 722.111 to 722.128, adult foster care facilities as food service establishments.**

COMPLIANCE     
 UNABLE TO DETERMINE     
 NOT APPLICABLE     
 NON-COMPLIANCE (Explain)

**Findings/Recommendations**

Please refer to Section Numbers, noting administrative rule number. Describe specific violation and means of correction for any items of non-compliance found during your inspection. Use additional sheets when necessary.

List rooms or areas inspected

**Recommended Rating (must be completed for ALL inspections):**

A.  This facility has been determined to be in substantial compliance with applicable rules.

B.  Because of the listed deficiencies, temporary approval is recommended until the next inspection or report.

C.  Because of the listed deficiencies, temporary approval is recommended until \_\_\_\_\_ (date).

D.  This facility has been determined to be in substantial non-compliance with applicable rules. Approval is not recommended.

Name of Inspecting Health Agency	
Address of Inspecting Health Agency	Agency Telephone Number
Sanitarian Signature	Date of Inspection
Printed Name	Time Spent
Facility Representative Signature	

<p>AUTHORITY: 1979 PA 218</p> <p>PENALTY: Registration/License issuance or renewal may be denied</p>	<p>LARA is an equal opportunity employer/program.</p>
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**Inspections prior to initial licensure and at renewal:**

Facility type	Capacity	Complete Sections 1 and 2	Complete Sections 3 thru 8	Legal Base
Adult foster care family home	1 - 6	X (if non-municipal)		1976 PA 399
Adult foster care small group facility	1 - 6	X (if non-municipal)		1976 PA 399
Adult foster care small group facility	7 - 12	X (if non-municipal)		1976 PA 399
Adult foster care large group facility	13 - 20	X (if non-municipal)		1976 PA 399
Adult foster care congregate facility	21 +	X	X	1976 PA 399
Adult foster care camp (completed annually)		X	X	1976 PA 399
County infirmary		X	X	1976 PA 399

**Rules/Regulations for Inspections (For copies of any rules listed below, visit the website at [www.michigan.gov/afchfa](http://www.michigan.gov/afchfa) or contact the local licensing office.)**

Facility type	Capacity	Rules/regulations for environmental inspections
Adult foster care family home	1 - 6	R400.1424(1)(2)
Adult foster care small group facility	1 - 12	R400.14401 - R400.14404 and R400.14407, 400.14406
Adult foster care large group facility	13 - 20	R400.15401 - R400.15404 and R400.15407, 400.15406
Adult foster care congregate facility	21 +	R400.2431, R400.2448, R400.2472 - R400.2473
Adult foster care camp		R400.11301 - R400.11913
County infirmary		R400.52, R400.53