



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 2, 2018

Michele Beemer  
P O Box 853  
Ewart, MI 496310853

RE: License #: AF670005165  
**Assisted Lifestyles AFC**  
**502 W. Fifth Street**  
**Ewart, MI 49631**

Dear Mrs. Beemer:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF670005165
<b>Licensee Name:</b>	Michele Beemer
<b>Licensee Address:</b>	502 W 5th St Ewart, MI 49631
<b>Licensee Telephone #:</b>	(231) 734-7500
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Assisted Lifestyles AFC
<b>Facility Address:</b>	502 W. Fifth Street Ewart, MI 49631
<b>Facility Telephone #:</b>	(231) 734-7500
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL AGED ALZHEIMERS

**II. Purpose of Addendum**

Michele Beemer and Kevinn Beemer request that Kevinn be removed as the co-licensee and adding Kevinn Beemer as the responsible person. This would leave Michele Beemer as the sole licensee of Assisted Lifestyles AFC.

**III. Methodology**

07/30/2018-Contact-Telephone call received-Michele Beemer, licensee requesting that Kevinn Beemer’s name be removed from the license as co-licensee and add Kevinn Beemer as the Responsible Person. Policy was read to Ms. Beemer explaining that the request needed to be in writing from both licensee’s asking for the name removal.

08/06/2018 Contact-Document Received-Michele Beemer and Kevinn Beemer provided written statements at the renewal requesting Kevinn’s name be removed as the co-licensee. Mr. and Mrs. Beemer requested that Mr. Beemer be added as the responsible person for the facility.

08/07/2018 Contact-Document Sent-Emailed requests to the Licensing Unit, Dawn Jagelewski to update license and remove co-licensee, Kevinn Beemer.

**IV. Description of Findings and Conclusions**

Policy for removing name of a co-licensee has been read to Michele and Kevinn Beemer which requires the request be put into writing and this request has been received.

**V. Recommendation**

Based on the information above, I recommend that Kevinn Beemer be removed as the co-licensee of Assisted Lifestyles AFC and added as the Responsible Person.

*Bridget Vermeesch*

08/07/2018

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Bridget Vermeesch  
Licensing Consultant

Date

*Dawn Timm*

10/02/2018

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Area Manager  
Dawn Timm

Date