



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 25, 2021

Marcia Curtiss  
MCAP Fennville Opco LLC  
Ste 115  
21800 Haggerty Road  
Northville, MI 48167

RE: License #: AL030404608  
**Golden Orchards II**  
**2464 55th Street**  
**Fennville, MI 49408**

Dear Mrs. Curtiss:

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) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

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

**I. IDENTIFYING INFORMATION**

**License #:** AL030404608

**Licensee Name:** MCAP Fennville Opco LLC

**Licensee Address:** Ste 115  
21800 Haggerty Road  
Northville, MI 48167

**Licensee Telephone #:** (269) 561-4663

**Licensee Designee:** Marcia Curtiss

**Administrator:** Natalie Bustillos

**Name of Facility:** Golden Orchards II

**Facility Address:** 2464 55th Street  
Fennville, MI 49408

**Facility Telephone #:** (269) 561-4663

**Original Issuance Date:** 01/15/2021

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/25/2021

Date of Bureau of Fire Services Inspection if applicable: 12/14/2021

Date of Health Authority Inspection if applicable: 10/07/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: N/A

- 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. Staff do not monitor residents' spending monies.
- Meal preparation / service observed? Yes  No  If no, explain. Done by Health Department.
- 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. Not specially certified.
- Water temperatures checked? Yes  No  If no, explain. Done by Health Department.
- Incident report follow-up? Yes  No  If no, explain. N/A
- 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

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.



June 25, 2021

---

Ian Tschirhart  
Licensing Consultant

Date