



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 10, 2023

Brant Wilson  
The Lighthouse-Traverse City LLC  
4040 Beacon St  
Kingsley, MI 49649

RE: License #: AM280286815  
**Morning Star**  
**4140 Beacon Street**  
**Kingsley, MI 49649**

Dear Mr. Wilson:

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 and special certification 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 cursive script that reads 'Rhonda Richards'.

Rhonda Richards, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4942

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

**I. IDENTIFYING INFORMATION**

**License #:** AM280286815

**Licensee Name:** The Lighthouse-Traverse City LLC

**Licensee Address:** 1655 East Caro Road  
Caro, MI 48723

**Licensee Telephone #:** (231) 263-1350

**Licensee Designee:** Brant Wilson

**Administrator:** Jacquelyn Davis

**Name of Facility:** Morning Star

**Facility Address:** 4140 Beacon Street  
Kingsley, MI 49649

**Facility Telephone #:** (231) 263-1350

**Original Issuance Date:** 09/04/2008

**Capacity:** 11

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS  
AGED  
TRAUMATICALLY BRAIN INJURED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/09/2023

Date of Bureau of Fire Services Inspection if applicable: 11/07/2023

Date of Health Authority Inspection if applicable: 02/27/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [REDACTED]

- 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.





**IV. RECOMMENDATION**

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).

*Rhonda Richards*

03/10/2023

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Rhonda Richards  
Licensing Consultant

Date