



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 6, 2025

Dorothy McGee
Maveric Manor Inc
PO Box 227
Pellston, MI 49769

RE: License #: AM240072650
Maveric Manor
1410 N. Mackinaw Trail
Pellston, MI 49769

Dear Mrs. McGee:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #:	AM240072650
Licensee Name:	Maveric Manor Inc
Licensee Address:	1410 Hwy. 31 N Pellston, MI 49769
Licensee Telephone #:	(231) 539-3060
Licensee Designees:	Dorothy McGee, Melissa Forrester, Eric Forrester
Administrator:	Dorothy McGee
Name of Facility:	Maveric Manor
Facility Address:	1410 N. Mackinaw Trail Pellston, MI 49769
Facility Telephone #:	(231) 539-3060
Original Issuance Date:	09/01/1996
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL & AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/28/2025

Date of Bureau of Fire Services Inspection if applicable: 02/14/2025

Date of Health Authority Inspection if applicable: 11/13/2024

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 9
No. of others interviewed 3 Role: Licensee Designees

- 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 found to be in non-compliance with the following rules:

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

There were no sleeping hours fire drills conducted and/or documented during the 2nd, 3rd and 4th quarters of 2024.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature was measured at 126 degrees Fahrenheit in the kitchen and 123 degrees Fahrenheit in each resident bathroom at the time of the inspection.

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

The fan in one resident bathroom was inoperable during the time of the inspection.

A corrective action plan was requested and approved on 02/28/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license.



3/6/2025

Adam Robarge
Licensing Consultant

Date