



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 25, 2025

Justin Nelson
6043 Kingsbury St
Kingston, MI 48741

RE: Application #: AS790418538
Whisper Ridge Senior Living
324 Roller Way
Mayville, MI 48744

Dear Justin Nelson:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 3 is issued.

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS790418538
Licensee Name:	Justin Nelson
Licensee Address:	6043 Kingsbury St KINGSTON, MI 48741
Licensee Telephone #:	(989) 912-9800
Administrator:	Alyssa Wark
Name of Facility:	Whisper Ridge Senior Living
Facility Address:	324 Roller Way Mayville, MI 48744
Facility Telephone #:	(989) 528-9498
Application Date:	05/28/2024
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

05/28/2024	On-Line Enrollment
05/29/2024	PSOR on Address Completed
05/29/2024	Contact - Document Sent forms sent
07/03/2024	Contact - Document Received
07/08/2024	Lic. Unit file referred for background check review
07/10/2024	File Transferred To Field Office
07/12/2024	Application Incomplete Letter Sent Sent to Licensee Designee.
10/28/2024	Application Incomplete Letter Sent second application incomplete letter sent.
01/28/2025	Application Complete/On-site Needed
02/04/2025	Inspection Completed-BCAL Sub. Compliance
02/05/2025	Application Incomplete Letter Sent
03/14/2025	Inspection Completed-Env. Health: A
03/14/2025	Inspection Completed On-site
03/25/2025	Inspection Completed-BCAL Full Compliance
03/25/2024	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Whisper Ridge Senior Living is ranch style home that is located in Mayville, MI. The home has a long driveway and paved parking area for staff and visitors. The home is owned by the licensee, Justin Nelson.

The main level of the home consists of a living room/dining room combo, kitchen, one full bath, and three resident bedrooms. Bedrooms #1 and #2 both have full baths attached, which gives the home a total of 3 full baths. The home has a total of two entrance/exits, one at the front and one in the rear of the facility, which are both at grade.

The furnace is located in the crawl space of the home, with entry door located on the outside of the home. The furnace was last inspected by a certified HVAC technician on 12/27/2024. The water heater is a room located off the attached bathroom in bedroom #1 and is separated from residents by a fully stopped, fire rated metal door that is equipped with an automatic self-closing device and positive latching hardware. There is at least one fire extinguisher located inside the home. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room/Dining area	17' 5" x 13' 4" = 232 square feet	
Bedroom #1	11' 6" x 14' = 163 square feet	1 resident
Bedroom #2	13' 6" x 9' 9" = 132 square feet	1 resident
Bedroom #3	13' 4" x 10' 9" = 143 square feet	1 resident

The living and dining room area measures a total of 232 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has a public water supply and public sewage disposal system. On 3/14/2025 this home was inspected and it was determined to be in full compliance with all applicable licensing rules pertaining to environmental health.

B. Program Description

Whisper Ridge Senior Living has the capacity to provide 24-hour supervision, protection, and personal care for up to three male and/or female residents who are aged, 60-years-old or above, and/or physically handicapped. Whisper Ridge Senior Living will provide dependable and affordable assisted living care by trained and qualified caregivers. This home will offer residents choices in a safe and secure home-like environment, while creating the best alternative to long-term assisted living for seniors, who wish to maintain an independent lifestyle. This home is wheelchair accessible.

C. Applicant and Administrator Qualifications

Justin Nelson is the applicant and licensee of this home. Alyssa Wark has been appointed as the administrator. A criminal history background check was completed for them both and they have been determined to be of good moral character. Justin Nelson and Alyssa Wark have submitted statements from a physician documenting his good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (3) residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 3-bed small group home, there is adequate supervision with 1 direct care staff on-site for three (3) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www. Miltcpartnership.org](http://www.Miltcpartnership.org)), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of

the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home, as well as, the required forms and signatures to be completed for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate Resident Funds Part II (BCAL-2319) form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Justin Nelson and Alyssa Wark have several years experience, which adequately satisfies the qualifications and training requirements identified in the administrative group home rules. Justin Nelson reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 3).

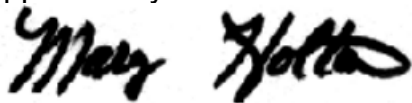


3/25/2025

Christopher Holvey
Licensing Consultant

Date

Approved By:



3/25/2025

Mary E. Holton
Area Manager

Date