



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 14, 2025

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

RE: License #: AL110404614  
**Buchanan Meadows Living Center #1**  
**809 Carrol Street**  
**Buchanan, MI 49107**

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
gillr@michigan.gov  
(517)980-14333

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL110404614
<b>Licensee Name:</b>	MCAP Buchanan Opco, LLC
<b>Licensee Address:</b>	Ste 115 21800 Haggerty Road Northville, MI 48167
<b>Licensee Telephone #:</b>	(269) 695-6655
<b>Licensee Designee:</b>	Marcia Curtiss
<b>Administrator:</b>	Kristin Baker
<b>Name of Facility:</b>	Buchanan Meadows Living Center #1
<b>Facility Address:</b>	809Carrol Street Buchanan, MI 49107
<b>Facility Telephone #:</b>	(269) 695-6655
<b>Original Issuance Date:</b>	11/02/2020
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/10/2025

Date of Bureau of Fire Services Inspection if applicable: 12/18/24, 1/22/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

6

No. of residents interviewed and/or observed

11

No. of others interviewed

1

Role: Administrator

- 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:  
3/29/23: R 400.15401 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.



4/14/25

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Rodney Gill  
Licensing Consultant

Date