



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 11, 2025

Cari Foerster
Cari Ann Foerster
11366 Sarle Rd
Freeland, MI 48623

RE: License #: AM560378418
Avielle Haven
2760 E. Yoder Drive
Midland, MI 48640

Dear Mrs. Foerster:

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.

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 (616-356-0100.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Matthew Soderquist'.

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #:	AM560378418
Licensee Name:	Cari Ann Foerster
Licensee Address:	11366 Sarle Rd Freeland, MI 48623
Licensee Telephone #:	(989) 798-6506
Licensee:	Cari Foerster
Administrator:	Cari Foerster
Name of Facility:	Avielle Haven
Facility Address:	2760 E. Yoder Drive Midland, MI 48640
Facility Telephone #:	(989) 798-6506
Original Issuance Date:	04/29/2016
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/09/2025

Date of Bureau of Fire Services Inspection if applicable: 08/27/2024

Date of Health Authority Inspection if applicable: 07/07/2025

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 10
No. of others interviewed [redacted] 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? 1 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 400.14401

Environmental health.

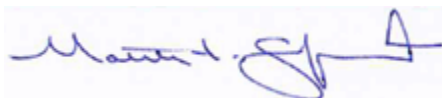
(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Water temperatures in the resident bathroom and kitchen were greater than 120 degrees Fahrenheit. Hot water heater temperature was reduced while onsite.

A corrective action plan was requested and approved on 07/09/2025. 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

An acceptable corrective action plan has been received and approved. I recommend the issuance of a 2-year regular adult foster care license.



7/11/25

Matthew Soderquist
Licensing Consultant

Date