



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 4, 2025

Angela Capp  
Cascades Living, LLC  
5141 Oakridge Dr  
Beaverton, MI 48612

RE: Application #: AL560419690  
Cascades Living II  
4617 Eastman Ave  
Midland, MI 48640

Dear Ms. Capp:

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 14 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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW  
Grand Rapids MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL560419690
<b>Applicant Name:</b>	Cascades Living, LLC
<b>Applicant Address:</b>	4617 EASTMAN AVE Midland, MI 48640
<b>Applicant Telephone #:</b>	(989) 631-7299
<b>Licensee Designee:</b>	Angela Capp
<b>Name of Facility:</b>	Cascades Living II
<b>Facility Address:</b>	4617 Eastman Ave Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 631-7299 06/16/2025
<b>Application Date:</b>	
<b>Capacity:</b>	14
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

## **II. METHODOLOGY**

01/06/2025	Inspection Completed-Fire Safety : A Got from previous license.
06/16/2025	Enrollment
06/16/2025	Comment Wrong app was filled out.
06/16/2025	Contact - Document Sent Email sent to licensee to verify facility address.
06/16/2025	Comment Licensee verified facility address is 4617 Eastman Ave, Midland, MI 48640.
06/16/2025	Comment its a large building that they are dividing into two AFC large group homes. So they have applied with 2 apps.
06/16/2025	PSOR on Address Completed
06/16/2025	Application Incomplete Letter Sent Need correct Corp app back.
06/16/2025	Contact - Document Sent Form sent.
06/17/2025	Contact - Document Received Correct application.
06/17/2025	File Transferred To Field Office
06/18/2025	Comment email sent regarding documents still needed.
07/08/2025	Application Complete/On-site Needed
07/24/2025	Inspection Completed On-site
07/24/2025	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The premises at 4617 Eastman Road, Midland, MI 48640 is located near the corner of Saginaw and Eastman Road. This facility is located in a business district. The facility sets far back from Eastman Road. This is a ranch style facility built on a crawl space. This facility is separated from Cascades Senior Living by an approved firewall and separation is further achieved by fire rated doors. There is ample parking space for several cars in their paved parking lot in front of the building. The home is wheelchair accessible and has 2 approved means of egress.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 01/16/2025 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
18	17.08 X 14.92	254.84	2
19	14.92 X 26.42	394.19	2
20	14.92 X 26.42	394.19	2
21	14.92 X 26.42	394.19	2
22	25.5 X 13.25	337.88	2
23	25.5 X 13.25	337.88	2
24	25.5 X 13.25	337.88	2

The living, dining, and sitting room areas measure a total of 465.77 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 14 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **20** male or female ambulatory or nonambulatory adults who are aged or who are diagnosed with a developmental disability, a physical handicap, those diagnosed with Alzheimer's disease in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the resident's supervising agency or as written in the residents person centered plan.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents' Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Cascades Living, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 01/23/2025. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Cascades Living, L.L.C. has submitted documentation appointing Angela Capp as Licensee Designee for this facility and Marieann Rotarius as the Administrator of the facility.

A criminal history background check was conducted for the applicant Licensee Designee Angela Capp and administrator Marieann Rotarius. They have been determined to be of good moral character. The applicant Licensee Designee Angela Capp and administrator Marieann Rotarius submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules

The staffing pattern for the original license of this 14 bed facility is adequate and includes a minimum of one staff –to- 14 residents per shift during awake hours and **one** staff –to-14 residents during sleeping hours. All staff shall be awake will be allowed to sleep during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or 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 employees 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 obtain all required good moral character, medical and training 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 volunteer and the retention schedule for all of the documents contained within each 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 written discharge 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



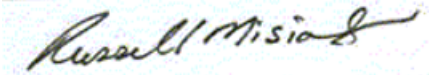
8/4/25

---

Johnnie Daniels  
Licensing Consultant

Date

Approved By:



8/11/25

---

Russell B. Misiak  
Area Manager

Date