



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 29, 2025

Maurice McKnight  
MCKNIGHT CARE, LLC  
203 Algonquin St  
Battle Creek, MI 49037

RE: License #: AS130419640  
McKnight Care  
165 UNION ST N  
BATTLE CREEK, MI 49017

Dear Mr. McKnight:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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) 356-0183.

Sincerely,

*Kevin L. Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(517) 230-3704  
[SellersK1@michigan.gov](mailto:SellersK1@michigan.gov)

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS130419640
<b>Licensee Name:</b>	MCKNIGHT CARE, LLC
<b>Licensee Address:</b>	165 Union St N Battle Creek, MI 49037
<b>Licensee Telephone #:</b>	(269) 245-2210
<b>Administrator</b>	Maurice McKnight
<b>Licensee Designee:</b>	Christina Stone
<b>Name of Facility:</b>	McKnight Care
<b>Facility Address:</b>	165 UNION ST N BATTLE CREEK, MI 49017
<b>Facility Telephone #:</b>	(269) 719-0388
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. Purpose of Addendum**

The licensee has requested modifying the original license of the facility to barrier free accessibility.

**III. Methodology**

On 10/21/25, I interviewed administrator Christina Stone via telephone. Ms. Stone reported changes were made at the AFC facility by ensuring the first floor bathroom was handicapped accessible and adding two separate emergency wheelchair ramps. Ms. Stone reported one ramp was at the front entrance and one at the rear exit of the facility.

On 10/28/25, I inspected the facilities bathroom and ramps. I measured the height and length of the front and rear wheelchair ramps at the facility. Pictures were taken of the two wheelchair ramps along with the handicapped accessible bathroom.

**IV. Description of Findings and Conclusions**

The facility was originally licensed with a temporary license on 9/9/25 not to accommodate full time wheelchair accessibility. The licensee added emergency wheelchair ramps to the front and rear entrances of the facility. The first floor at the facility has an existing full barrier-free bathroom for resident use that includes ample space for resident assisted showering.

Measurements and pictures of the wheelchair ramps and handicapped accessible bathroom were documented.

**V. Recommendation**

I approve the licensee’s request to modify the license to reflect it is a barrier free and wheelchair accessible facility effective 10/29/25.

*Kevin L. Sellers*

10/28/25

Kevin Sellers  
Licensing Consultant

Date

Approved By:

*Russell Misiak*

10/29/25

Russell B. Misiak  
Area Manager

Date