



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 10, 2025

Taylor Nickerson
Morning Glory Adult Foster Care LLC
1266 N. Forward Road
Lake City, MI 49651

RE: License #: AM570363712
Morning Glory Adult Foster Care LLC
1266 N. Forward Road
Lake City, MI 49651

Dear Taylor Nickerson:

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. 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 red ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AM570363712

Licensee Name: Morning Glory Adult Foster Care LLC

Licensee Address: 1266 N. Forward Road
Lake City, MI 49651

Licensee Telephone #: (231) 839-1131

Licensee/Licensee Designee: Taylor Nickerson

Administrator: Taylor Nickerson

Name of Facility: Morning Glory Adult Foster Care LLC

Facility Address: 1266 N. Forward Road
Lake City, MI 49651

Facility Telephone #: (231) 839-1131

Original Issuance Date: 06/05/2015

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/22/2025

Date of Bureau of Fire Services Inspection if applicable: 07/10/2025

Date of Health Authority Inspection if applicable: 09/24/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 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? 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.

On October 22, 2025, I conducted an exit conference with Licensee Designee Taylor Nickerson. I explained my finding as noted above. Ms. Nickerson stated she understood the finding, had no additional information to provide, nor questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



November 10, 2025

Bruce A. Messer
Licensing Consultant

Date