



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 6, 2026

Marcia Curtiss
BRIDGEWAY PARK SENIOR LIVING
Ste 115
21800 Haggerty RD
Northville, MI 48167

RE: Application #: AL230419858
Bridgeway Park Lansing
7323 Delta Commerce Dr
Lansing, MI 48917

Dear Mrs. Curtiss:

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 20 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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL230419858
Licensee Name:	BRIDGEWAY PARK SENIOR LIVING
Licensee Address:	Ste 115 21800 Haggerty RD Northville, MI 48167
Licensee Telephone #:	(248) 735-1020
Licensee Designee:	Marcia Curtiss
Administrator:	Marcia Curtiss
Name of Facility:	Bridgeway Park Lansing
Facility Address:	7323 Delta Commerce Dr Lansing, MI 48917
Facility Telephone #:	(517) 327-5566
Application Date:	08/26/2025
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

02/05/2025	Contact - Document Received Facility Documents
02/17/2025	Inspection Completed On-site
08/26/2025	On-Line Enrollment
08/27/2025	PSOR on Address Completed
08/27/2025	Inspection Completed-Fire Safety : A refer to AL230079864
08/27/2025	Contact - Document Sent- forms sent
09/03/2025	Contact - Document Received
09/03/2025	File Transferred To Field Office
09/03/2025	Application Incomplete Letter Sent
10/27/2025	Contact - Document Received-Facility/Licensee Records
11/11/2025	Contact - Document Received-Facility/Licensee Documents
12/23/2025	Contact - Document Received-Facility Records
12/23/2025	Inspection Completed- Env. Health: A
12/23/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bridgeway Park Lansing is a single-story facility that includes 19 studio apartment style bedrooms each equipped with a kitchenette and a full private bathroom with a walk-in shower. The main level also includes a large dining area, kitchen, one laundry room, a game room and two spa rooms with bathrooms for public use. The facility is located in Delta township and is within walking distance to the Delta Township Library and close to restaurants, shopping centers, and attractions like Hawks Park and Potter Park Zoo. The facility has at least two approved means of egress that are at grade therefore the facility is wheelchair accessible. The facility utilizes a public water supply and sewage disposal system. During the onsite inspection, I found the facility to be in compliance with applicable environmental health rules.

There are three gas furnaces that are each located in a mechanical room located on the main level. Each room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was inspected and approved by the Bureau of Fire Service on 8/27/2025 and determined to be fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (Studio)	22' x 11'	242 sq ft	1
2 (Studio)	22' x 11'	242 sq ft	1
3 (Studio)	22' x 11'	242 sq ft	1
4 (Studio)	22' x 11'	242 sq ft	1
5 (Studio)	22' x 11'	242 sq ft	1
6 (Studio)	22' x 11'	242 sq ft	1
7 (Studio)	22' x 11'	242 sq ft	1
8 (Studio)	22' x 11'	242 sq ft	1
9 (Studio)	22'6" x 11'6"	258 sq ft	1
10 (Studio)	22' x 11'	242 sq ft	1
11 (Studio)	22' x 11'	242 sq ft	1
12 (Studio)	22' x 11'	242 sq ft	1
13 (Studio)	22' x 11'	242 sq ft	1
14 (Studio)	22' x 11'	242 sq ft	1
15 (Studio)	22' x 11'	242 sq ft	1
16 (Studio)	22' x 11'	242 sq ft	1
17 (Studio)	22' x 11'	242 sq ft	1
18 (Studio)	22'6" x 11'6"	242 sq ft	1
19 (Studio)	16'6" x 18'6"	305 sq ft	2

The living, dining, and sitting room areas measure a total of 1043 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** 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 **twenty (20)** male or female ambulatory adults whose diagnosis is aged in the least

restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from private pay individuals as a referral source.

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 all transportation for program and medical needs. 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Bridgeway Park Senior Living, which is a "For Profit Corporation" that was established in Michigan. 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 Bridgeway Park Senior Living have submitted documentation appointing Marcia Curtiss as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no convictions recorded for Marcia Curtiss. Marcia Curtiss submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. Marcia Curtiss has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Marcia Curtiss has over ten years of experience working with the aged population in adult assistive living homes in various roles including licensee designee and administer.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff –to- 20_ residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by residents. The applicant has indicated that direct care staff will be awake 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 facility's 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 qualifications, suitability, and training 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) and the related documents required to be maintained in each employee’s 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 directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

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 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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

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 to document the date and amount of the adult foster care service fee paid each month and all the resident’s personal money transactions that have been agreed to be managed by the applicant.

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home with a capacity of 20 residents.



01/05/2026

Ondrea Johnson
Licensing Consultant

Date

Approved By:



01/06/2026

Dawn N. Timm
Area Manager

Date