



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 2, 2026

Tasha Bethea
Trinity's Care LLC
1331 Superior St
Suite B
Benton Harbor, MI 49022

RE: Application #: AS110419724
Trinity's Care LLC
1049 Pavone St
Benton Harbor, MI 49022

Dear Tasha Bethea:

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 five residents 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 cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517) 980-1433

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS110419724

Applicant Name: Trinity's Care LLC

Applicant Address: 1331 Superior St
Suite B
Benton Harbor, MI 49022

Applicant Telephone #: (269) 338-5352

Administrator/Licensee Designee: Tasha Bethea

Name of Facility: Trinity's Care LLC

Facility Address: 1049 Pavone St
Benton Harbor, MI 49022

Facility Telephone #: (269) 338-5352

Application Date: 07/10/2025

Capacity: 5

Program Type: AGED
ALZHEIMERS
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

07/10/2025	Enrollment
07/10/2025	PSOR on Address Completed
07/10/2025	Application Incomplete Letter Sent 1326/RI030 Extra Fee Amt
07/10/2025	Contact - Document Sent Forms sent
07/24/2025	Comment Email received from licensee designee Tasha Bethea indicating that it is possible the seven capacity was an error on the application and that the licensee may not want to continue to open an AFC facility but a childcare group home. Waiting for a response back.
11/18/2025	Contact - Document Sent Second Application Letter.
12/18/2025	Contact - Document Sent Ten Day Letter.
12/18/2025	Contact - Telephone call received LD confirmed they still want to continue the licensing process. They had to rebook their livescan appointment for January 5th.
12/18/2025	Comment Licensee has until 1/9/26 to get the forms in or the enrollment will be closed.
01/07/2026	Contact - Document Received 1326/RI030.
01/07/2026	Comment FP sent to Ashley.
01/07/2026	File Transferred To Field Office

01/07/2026 Application Incomplete Letter Sent

01/09/2026 Comment
Licensee designee Tasha Bethea emailed requested supporting documentation.

01/14/2026 Comment
I emailed Mrs. Bethea informing her of supporting documentation still needed.

01/14/2026 Comment
Mrs. Bethea emailed additional requested supporting documentation.

01/15/2026 Comment
I emailed Mrs. Bethea providing consultation and technical assistance. I requested additional supporting documentation.

01/19/2026 Comment
Mrs. Bethea emailed providing me with updated required supporting documents and her Adult Foster Care Provider Training Attestation.

02/02/2026 Comment
Mrs Bethea emailed to inform me that she is ready for an onsite Original inspection.

02/04/2026 Comment
I emailed Mrs. Bethea informing her I would like to complete the onsite Original inspection on 2/17/26 at approximately 1:00 p.m.

02/17/2026 Contact -Telephone call made
I called Mrs. Bethea to reschedule her onsite Original inspection to 2/18/26 at 4:00 p.m. due to personal illness.

02/18/2026 Comment
I texted Mrs. Bethea informing her I need to reschedule the onsite Original inspection once again because of illness. I scheduled the inspection for 2/19/26 at 4:00 p.m.

02/19/2026	Application Complete /On-site Needed
02/19/2026	Inspection Completed On-site
02/19/2026	Contact – Document Sent I emailed Mrs. Bethea requested documents and licensing rules referenced during the onsite original inspection earlier today.
02/20/2026	Contact - Document Received Mrs. Bethea emailed her experience working with individuals diagnosed with Alzheimer's / Dementia and Alzheimer's Statement for her AFC facility.
02/23/2026	Comment I emailed Mrs. Bethea providing her with consultation and technical assistance relating to her Alzheimer's Statement.
02/23/2026	Contact – Document Received Mrs. Bethea corrected her Alzheimer's Statement based on the consultation and technical assistance provided.
02/27/2026	Contact – Document Received I received final supporting documentation and video compliance received from Mrs. Bethea.
03/02/2026	Inspection Completed – BCAL Full Compliance
03/02/2026	Recommend License Issuance
03/02/2026	LSR Generated

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Trinity's Care LLC is a ranch style home built in nineteen thirty located in the city of Benton Harbor, Michigan. The facility has white vinyl siding with blue trim. It has a large front porch where residents can sit and enjoy warm sunny days.

The facility has three bedrooms and one bathroom for resident use. The inside of the facility has a comfortable, clean, and homey feel with wood plank flooring in the main living areas and carpet in the two larger bedrooms.

The facility has a nice sized fenced in backyard and staff and visitors can park in the driveway or on the street in front of the facility.

The facility is located in a friendly neighborhood with a recently renovated park located one house over on the same side of the street with basketball courts, several play structures, paved trail, pavilions, etc. The facility is also close to shopping, restaurants, physician's offices, medical facilities, etc.

The home is not wheelchair accessible as the applicant does not plan to admit residents with impaired physical mobility.

The home utilizes public water, and sewage so does not require annual Environmental Health Inspections. The facility is equipped with a Wireless Interconnected Combination Smoke and Carbon Monoxide Detector system that meets fire safety rule requirements. The facility has at least one fire extinguisher on each floor and direct care staff members (DCSMs) are aware of their location and trained how to properly use them. I reviewed the facility fire, tornado, and medical emergency plans to ensure all fire safety and licensing rules were followed. I ensured residents could easily open windows in their bedrooms if necessary.

Because the maximum capacity is less than seven residents, no annual Bureau of Fire Services (BFS) Inspection is required. I inspected and determined the facility compliant with fire safety administrative rules. The facility has two approved means of egress. A Rental Inspection was completed by Benton Harbor Department of Public Safety on 1/22/26 and the facility was found to meet all current safety standards.

There is a basement; but all resident rooms and living areas are situated on the main floor. The basement contains the gas furnace and water heater. There is a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware separating the main floor from the lower level. The furnace was recently inspected on 1/22/26 and found to be in good working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 10'	100	1

2	10' x 13' 7"	137	2
3	15' 9" x 20'	318	2

Given the sizes of the bedrooms and one to two residents per room, the facility's bedroom space exceeds the required 80 square feet allowed of usable floor space for a single occupancy and 65 square feet of usable floor space per bed for a multioccupancy resident bedroom.

The living room and dining room measure a total of 276 square feet of living space. This exceeds the 35 square feet of required indoor living space per occupant, exclusive of the bathroom, storage areas, hallways, kitchen, and sleeping areas. Based on the information above, it is concluded that this facility can accommodate five (5) 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 five (5) male or female adults who are aged, suffer from early to moderate Alzheimer's disease or related dementias, developmentally disabled, and/or mentally ill.

The program statement indicates residents admitted must be appropriate for a small group home environment and must not require continuous nursing care beyond what is allowed under AFC rules. The program goals are as follows:

- Provide a safe, stable, structured, and nurturing residential environment.
- Promote resident dignity, independence, and choice.
- Support residents in achieving their highest possible level of functioning.
- Ensure compliance with Michigan AFC licensing rules and resident rights.
- Facilitate access to medical, mental health, and community-based services.
- Maintain a person-centered approach to care planning and service delivery.

In accordance with the AFC Act and Administrative Rules, the facility provides the following services:

- 24-hour supervision
- Personal care, including assistance with: Bathing, Dressing, Grooming, Toileting, Mobility, and Transfers.
- Medication management (administration or assistance, per assessment and physician orders)
- Meal preparation and nutritional support
- Housekeeping and laundry services
- Health monitoring and coordination of care
- Transportation coordination for medical appointments and community activities
- Behavioral support and redirection, when necessary
- Social, recreational, and spiritual activities
- Emergency response and protection services

The facility emphasizes the health and wellbeing of each resident. It is the intent of this facility to utilize local community resources including but not limited to primary care physicians, home health agencies, mental health professionals, physical therapists, occupational therapists, speech therapists, pharmacies, transportation providers, adult day programs, hospice services, public schools and libraries, local museums, shopping centers, and local parks.

The facility can arrange for a variety of in-home services at separate cost to the resident including visiting physicians, nursing, hospice, physical therapy, occupational therapy, speech therapy, podiatry, barber or beautician, transportation, etc.

C. Applicant and Administrator Qualifications

The applicant is Trinity's Care LLC, which is a for profit company established in Michigan on April 10, 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 Trinity's Care LLC have submitted documentation appointing Tasha Bethea as Licensee Designee and administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator.

Mrs. Bethea submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Mrs. Bethea has provided documentation to satisfy the qualifications and training requirements identified in the new Michigan Department of Licensing and Regulatory Affairs (LARA) / Bureau of Community and Health Systems (BCHS) / Licensing Adult Foster Care Facilities (LAFCF) new single rule set. Mrs. Bethea has numerous years of experience working with the program types requested.

Mrs. Bethea provided documentation to satisfy the qualifications and training requirements for Alzheimer's disease identified in the Adult Foster Care Facility Licensing Act (Act 218 of 1979) and in the LARA/BCHS/LAFCF new single rule set.

Mrs. Bethea has worked with elderly and mentally ill adults through Riverwood Center Behavioral Mental Health, ProCare, and Yahweh Faithful Hearts Home Help Agencies since 2021 to the present. During this time, she has supported many clients diagnosed with dementia and Alzheimer's disease. Mrs. Bethea's core job objectives and experience include but not limited to the following:

- Implementing personalized care plans for residents with cognitive impairments.
- Managing behavioral symptoms associated with dementia and Alzheimer's disease.
- Assisting with activities of daily living while ensuring a safe and supportive environment.
- Monitoring and documenting changes in cognitive and physical health.

Mrs. Bethea submitted an approved Alzheimer's Statement outlining the type of care that will be provided at the facility, continual training of direct care staff members, and the physical characteristics of the building best suited for resident's diagnosed with Alzheimer's disease.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff-to-five residents during first and second shift (7:00am-11:00pm) and one staff-to-five residents during sleeping hours. The applicant acknowledged that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that DCSM 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 members 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 electronic 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 member 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 member 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, 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 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 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

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 small group home (capacity 1-5).

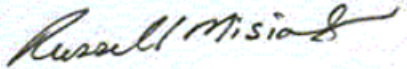


3/4/26

Rodney Gill
Licensing Consultant

Date

Approved By:



3/6/26

Russell B. Misiak
Area Manager

Date