GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2026

Ashley Drooger
REVARA
2905 16th Street
Boulder, CO 80304

RE: Application #: AS030420214
ReVara
700 N Maple St
Saugatuck, MI 49453

Dear Ms. Drooger:

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 6 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,

Natasha Grew, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS030420214
Licensee Name:	REVARA
Licensee Address:	700 N Maple St Saugatuck, MI 49453
Licensee Telephone #:	(720) 266-8408
Administrator/Licensee Designee:	Ashley Drooger, Designee
Name of Facility:	ReVara
Facility Address:	700 N Maple St Saugatuck, MI 49453
Facility Telephone #:	(720) 266-8408
Application Date:	01/13/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, AGED, ALZHEIMERS

II. METHODOLOGY

01/13/2026	On-Line Enrollment
01/14/2026	PSOR on Address Completed
01/14/2026	Inspection Report Requested - Health Inv 1035578
01/14/2026	Contact - Document Sent forms sent
02/04/2026	Inspection Completed-Env. Health: A
02/06/2026	Contact - Document Received 1326/RI030, EIN
02/06/2026	File Transferred To Field Office
02/18/2026	Application Incomplete Letter Sent
05/07/2026	Application Complete/On-site Needed
05/07/2026	Inspection Completed On-site
05/07/2026	Inspection Completed-BCAL Full Compliance
XX/XX/XXXX	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a newly built single-story home located in a suburb of Saugatuck. The home sits off the main road with a long driveway and is surrounded by trees. The main level of the home consists of three resident bedrooms, a full bathroom, laundry area, and a large open living room, dining room, and kitchen area. The lower level of this home is not approved for use by the residents. The lower level of this home is for the live-in staff, office area, and has a space where cleaning chemicals will be stored. The main level of the home is barrier-free and handicap accessible. The facility's doorways to the living, dining, full bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

The home utilizes public water and private sewer, which was inspected by Allegan County Health Department on 02/04/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The furnace and hot water heater are located in the lower level of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching

hardware located at top of the stairs to the basement. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15’2” X 9’1”	137.76 sq. ft.	2
2	11’11” X 10’11”	130.09 sq. ft.	2
3	13’2” X 16’	210.67 sq. ft.	2

The living and dining room areas measure 336.60 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 **six** 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six** both male and female ambulatory and non-ambulatory adults whose diagnosis is aged, physically handicapped, and Alzheimer’s in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, medication administration and management, 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 program will provide a range of activities that are designed to accommodate residents with Alzheimer’s and related dementia conditions throughout each day, as needed and included in the individual service plan. Activities may include, but are not limited to walking, chair exercises, dance, puzzles, reading, memory games, board games, art projects, crafts, music therapy, gardening, group discussions, family visits, visits from community volunteers for conversation and companionship, aromatherapy, sensory boxes, and nature sounds.

The applicant intends to accept residents from programs or agencies working with the aged populations such as community providers who provide in-home services, senior care providers, and 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 responsible agency.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty. The facility will provide transportation for activities sponsored by the program for a variety of leisure and recreational activities. The applicant will utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is ReVara, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 01/12/2026. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of ReVara, L.L.C. have submitted documentation appointing Ashley Drooger as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee. The licensee designee/administrator submitted a medical clearance and verification that the licensee designee/administrator has a baseline screening for communicable diseases and records of illness on hiring with a statement from a physician documenting the licensee designee's good health, dated 03/16/2026.

The licensee designee/administrator 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 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 the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

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, 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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 is in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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

05/20/2026

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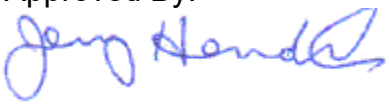
Natasha Grew — Date
Licensing Consultant

Approved By:



05/20/2026

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Jerry Hendrick — Date
Area Manager