GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 7, 2026

MDMCK LLC
23915 Pokagon Hwy
CASSOPOLIS, MI 49031

RE: Application #: AS140420244
Madison Manor / MDMCK LLC
23923 Pokagon Hwy
Cassopolis, MI 49031

Dear Ms. McKnight:

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 (517) 335-5985.

Sincerely,

Nile Khabeiry, LMSW

Nile Khabeiry, 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 #:	AS140420244
Licensee Name:	MDMCK LLC
Licensee Address:	23915 Pokagon Hwy CASSOPOLIS, MI 49031
Licensee Telephone #:	(269) 228-1941
Administrator/Licensee Designee:	Michelle McNight
Name of Facility:	Madison Manor / MDMCK LLC
Facility Address:	23923 Pokagon Hwy Cassopolis, MI 49031
Facility Telephone #:	(269) 445-4420
Application Date:	01/26/2026
Capacity:	6
Program Type:	AGED

II. METHODLOGY

01/26/2026	On-Line Enrollment
01/27/2026	PSOR on Address Completed
01/27/2026	Inspection Report Requested - Health Invoice#: 1035585
01/28/2026	Contact - Document Sent Forms sent. Along with Corp app if they LD wants to add the LLC.
01/28/2026	Contact - Telephone call received VB Cass health department called for contact information for the facility so that they can plan when to go out a visit.
02/02/2026	Inspection Completed-Env. Health : A
03/09/2026	Contact - Document Received Forms back except the IRS letter and Page 2 of the app.
03/09/2026	Comment FP sent to Ashley.
03/10/2026	Comment Still waiting for the fill app back.
03/17/2026	Contact - Document Received App to change to corp and IRS letter.
03/17/2026	File Transferred To Field Office
03/17/2026	Application Incomplete Letter Sent
04/13/2026	Contact - Document Received Received documents for original license
04/21/2026	Application Incomplete Letter Sent
05/20/2026	Application Complete/On-site Needed
05/26/2026	Inspection Completed-BCAL Sub. Compliance
05/28/2026	Application Incomplete Letter Sent

06/01/2026	CAP received with photographs
06/08/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Madison Mannor is a new construction facility that was built on a slab in Cassopolis. MI. that was built for the purpose of opening an Adult Foster Care facility. The facility was located one half mile away from downtown Cassopolis where there are opportunities for shopping, entertainment, restaurants and several churches. The home was built on one and a half acres that is connected to another 18 acres of wooded undeveloped land. The home was located three miles from Beacon Dowagiac Hospital and had emergency services available if needed. The facility had ample parking in the driveway in front of the facility.

The facility had an open floor plan with the living room, kitchen and dining room all connected upon entering the front door. There were six single occupancy resident rooms with three full-resident bathrooms. Each bathroom had handrails installed for safety. The home had two approved means of egress which included the front and side doors and were wheelchair accessible as the facility was built on a slab with concreate sidewalks that are of an approved grade for wheelchairs.

The propane furnace, gas hot water heater, washer and dryer were all located on main floor in a room 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. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor. The facility's clothes dryer was vented to the outside using permanent metal duct work. The furnace and electrical systems were inspected on 11/12/25 by Energy Diagnostics and were determined to be in good condition and working properly.

Due to the facility's location, it utilizes private water and sewer, which were both inspected by the Cass County Environmental Health Department on 2/2/26 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was inspected on 5/26/26 and was determined to be fully operational and in good condition. Smoke detectors were located in all sleeping areas,

on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

The applicant owns the facility along with the adjoining18 acres of undeveloped land. The applicant also maintains her private residence which is next door to the facility. The applicant provided verification of ownership and zoning approval to operate an Adult Foster Care facility along with written permission for Licensing and Regulatory Affairs to inspect the property.

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 11”	119.17	1
2	12’ 9’ x 10’ 9”	137.06	1
3	10’ 11”x 10’ 5”	113.72	1
4	10’ 11”x 10’ 5”	113.72	1
5	12’ 9”x 9’ 9”	124.31	1
6	10’10”x 13’1”	141.74	1

The living, dining, and sitting room areas measure a total of 943.67 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** (6) 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** (**6**) both male and female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged physically handicapped in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with personal care designed to enhance their lives in a peaceful setting with professional and caring staff members. The licensee will promote group activities and outings as appropriate based on the residents’ needs and desires. The program will also provide companionship and emotional support to combat isolation and depression. The applicant’s program will also provide individualized support adapted to each resident’s cognitive and emotional needs, coordination with providers and outside

agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from the Area Agency on Aging, local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations such as Senior Care Partners or the local hospitals, private pay individuals and Adult Protective Services when appropriate.

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 applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is MDMCK, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 12/20/25. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 members of MDMCK, L.L.C. have submitted documentation appointing Michelle McKnight as Licensee and the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Michelle McKnight. The licensee and administrator submitted a medical clearance with a statement from a physician documenting that Ms. McKnight was in good health, dated 2/26/26.

Ms. McKnight provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. McKnight has over

15 years of experience providing direct care to several elderly relatives which fueled her passion to open her own business. Ms. McKnight also worked professionally for LADD for two years where she increased her skills, providing assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. Ms. McKnight also learned more about the business of running a facility that cared for elderly and disabled individuals.

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 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, 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 was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home capacity 6.

Nile Khabeiry, LMSW

6/9/26

Nile Khabeiry Date
Licensing Consultant

Approved By:

Russell Misiak

6/10/26

Russell B. Misiak Date
Area Manager