June 8, 2026

Frank Dandron
Trails End AFC, LLC
5740 Twin Lake Ave
Lake, MI 48632

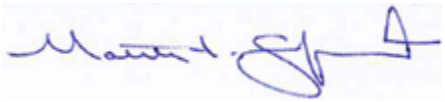
RE: Application #: AS180420157
Trails End AFC LLC
5740 Twin Lakes Ave
Lake, MI 48632

Dear Frank Dandron:

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 5 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,



Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
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 #:	AS180420157
Licensee Name:	Trails End AFC, LLC
Licensee Address:	5740 Twin Lake Ave Lake, MI 48632
Licensee Telephone #:	(989) 544-3550
Administrator	Margaret Dandron
Licensee Designee:	Frank Dandron
Name of Facility:	Trails End AFC LLC
Facility Address:	5740 Twin Lakes Ave Lake, MI 48632
Facility Telephone #:	(989) 544-3550
Application Date:	12/12/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/12/2025	On-Line Enrollment
12/16/2025	Lic. Unit file referred for background check review Red Screen on LD.
12/16/2025	Lic. Unit received background check file from review Red Screen approval for Margaret Dandron on 12/16/2025.
12/16/2025	PSOR on Address Completed
12/16/2025	Comment Email sent to confirm if Margaret will also be a LD.
12/16/2025	Inspection Report Requested - Health Invoice#: 1035515
12/16/2025	Contact - Document Sent Forms sent.
01/16/2026	Contact - Document Received
01/16/2026	Lic. Unit file referred for background check review ICHAT Hit on Frank.
01/19/2026	Inspection Completed-Env. Health : A
01/20/2026	Comment FP sent to Ashley.
01/20/2026	Comment unable to locate FP.
01/20/2026	Contact - Document Sent
03/16/2026	Contact - Document Sent 2nd AppInc sent to Licensee address.
03/17/2026	Comment
03/18/2026	Comment Hit on FP for Frank.
03/20/2026	File Transferred To Field Office
04/27/2026	Contact - Document Sent to LD regarding documents needed for Orig

05/22/2026 Contact - Document Sent
email sent to LD regarding documents still needed.

06/08/2026 Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two-story stick-built farm home in a rural area of Lake, Michigan. The home has four resident bedrooms and two resident bathrooms. The home has operated as a family AFC and the licensee is converting to a small group home. There are three resident bedrooms on the second floor of the home and one resident bedroom on the main floor. There is additionally one non-resident bedroom and bathroom. The home has a large living room area and a finished front porch that has been converted into a large dining area.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top/bottom of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

On 1/19/2026 the home was inspected by the Central Michigan District Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12’X9’	108	1
2	16’X9’	144	2
3	9’X9’	81	1
4	10’X11’	110	1

The living, dining, and sitting room areas measure a total of 548 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **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 **5** male ambulatory adults who are diagnosed with a mental illness or a developmental disability in the least restrictive environment as possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the residents person centered plan.

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 for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Trails End AFC, LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 12/18/2017. 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 Trails End AFC, LLC has submitted documentation appointing Frank Dandron as Licensee Designee for this facility and Margaret Dandron as the Administrator of the facility.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health.

The applicant 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 **5-bed** facility is adequate and includes a minimum of **1** staff –to- **5** residents per shift during awake hours and **1** staff –to-**5** residents during sleeping hours. All staff will be allowed to sleep 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 facilities 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 training suitability and qualification 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 employees 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

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.

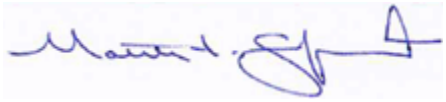
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

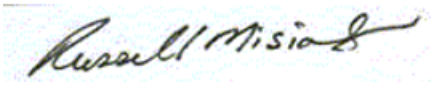
I recommend issuance of a temporary license to this AFC adult small group home (capacity 5).



6/8/26

Matthew Soderquist — Date
Licensing Consultant

Approved By:



6/11/26

Russell B. Misiak — Date
Area Manager