GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 2, 2026

Liliane Coffeen
The Potter's Hand Merrill AFC, LLC
400 N. MIDLAND ST.
Merrill, MI 48637

RE: Application #: AL730420204
The Potter's Hand Merrill AFC
400 N. Midland St.
Merrill, MI 48637

Dear Liliane Coffeen:

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) 643-7960.

Sincerely,

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730420204
Licensee Name:	The Potter's Hand Merrill AFC, LLC
Licensee Address:	400 N. MIDLAND ST. Merrill, MI 48637
Licensee Telephone #:	(810) 441-3337
Administrator/Licensee Designee:	Michael Coffeen / Liliane Coffeen
Name of Facility:	The Potter's Hand Merrill AFC
Facility Address:	400 N. Midland St. Merrill, MI 48637
Facility Telephone #:	(810) 441-3337
Application Date:	01/12/2026
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

10/30/2025	Inspection Completed-Fire Safety : A From AL730417080.
01/12/2026	On-Line Enrollment
01/13/2026	Lic. Unit file referred for background check review Red Screen.
01/14/2026	PSOR on Address Completed
01/14/2026	Contact - Document Sent Forms sent.
01/15/2026	Lic. Unit received background check file from review Red screen approval for Liliane Coffeen.
02/19/2026	Contact - Document Sent 2nd App Inc sent to Licensee address.
03/17/2026	Contact - Document Received 1326/RI030 AFC-100 and IRS letter.
03/18/2026	Comment FP back.
03/19/2026	Contact - Document Received AFC-100.
03/19/2026	File Transferred To Field Office
04/06/2026	Application Incomplete Letter Sent
06/24/2026	Application Complete On-Site Needed
06/24/2026	Inspection Completed On-site
06/24/2026	Inspection Completed-Env. Health: A
06/24/2026	Inspection Completed-BCAL Full Compliance
07/02/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property known as The Potter's Hand Merrill AFC is located at 400 N. Midland Street, Merrill, Michigan 48637. The Potter's Hand Merrill AFC, LLC and the physical property and is owned and operated by Michael and Liliane Coffeen. This property is situated on a large 60,705 square foot lot located in the Village of Merrill Township. Zoning approval was previously secured from the Village of Merrill Township on 05/10/2017. There's an abundance of parking available on a paved lot for visitors and emergency vehicles.

The Potter's Hand Merrill AFC is barrier free and features contemporary styling with upscale furnishings and interior décor. The exterior of the home features professionally landscaped patios surrounded by attractive fencing and plenty of land where residents can watch the outdoor scenery. The facility is built upon a full basement and has a large gathering room, dining room, private dining room, kitchen, medication room, office, laundry room, beauty salon, public bathroom, employee break room, visitation room, and twenty private bedrooms. All of the private bedrooms are equipped with bathrooms, 13 of which are full bathrooms. There is also a large full ADL bathroom for residents who are wheelchair bound. This home also has a half bath for visitors and another half bathroom in the breakroom. Also, there are four bedrooms which are equipped with a kitchenette. The facility is heated and air-conditioned with separate thermostatic controls in each bedroom. The facility is serviced by public water and sewage systems. The capacity of this facility will enable twenty (20) male and female residents to utilize 20 individual bedrooms. There is ample space in the facility bedrooms for non-affected spouses to reside with prior Department approval.

The facility is equipped with five natural gas furnaces which are located in the basement of the facility with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom and top 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. The facility is also sprinkled with a hydrant dedicated to the sprinkling system located next to the building. Fire extinguishers and emergency evacuation plans are placed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Number of beds
1	12' x 14'	168	1
2	12' x 13'	156	1
3	11'11" x 15.5'	184.71	1
4	10' x 11'	110	1
5	11'9" x 22'	258.5	1
6	10' x 11'	110	1

7	11’9” x 22’	258.5	1
8	11’9” x 21’	246.75	1
9	10 X 9.5”	95	1
10	11’9” x 21’	246.75	1
11	10 X 9.5”	95	1
12	11’11” X 14.5’	171.80	1
13	11’11” X 12.5’	147.97	1
14	11’11” X 12.5’	147.97	1
15	11’11” X 12.5’	147.97	1
16	11’11” X 12.5’	147.97	1
17	11’11” X 12.5’	147.97	1
18	11’11” X 12.5’	147.97	1
19	11’11” X 14.5’	171.80	1
20	11’11” X 14.5’	171.80	1

The gathering room, dining room, and private dining room areas measure a total of 1205.78 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

On 10/30/2025, the Bureau of Fire Services determined that The Potter’s Hand Merrill AFC is in compliance with the Fire Safety Rules for Adult Foster Care Large Group Homes.

On 06/24/2026, it was determined that The Potter’s Hand Merrill AFC is in compliance with the Environmental Health Rules for Adult Foster Care Large Group Homes.

On 06/24/2026, I determined that The Potter’s Hand Merrill AFC is in compliance with the Maintenance of Premises Rules for Adult Foster Care Large Group Homes.

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, Alzheimer’s services disclosure statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The Potter’s Hand Merrill AFC intends to provide 24-hour supervision, protection, and personal care to twenty (20) male and female adults who may be Aged and or diagnosed with Alzheimer’s disease or related dementias, 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. Residents may be referred from Commissions on Aging, waiver programs, hospitals, clinics, and the community at large.

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 either arrange or provide all transportation for programs and medical needs. The Potter's Hand Merrill AFC will make provisions 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 The Potters Hand of Merrill AFC, LLC. The Potters Hand of Merrill AFC, LLC has appointed Liliane Coffeen as the licensee designee. 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.

Liliane Coffeen has submitted documentation appointing Michael Coffeen as the Administrator for this facility.

A licensing record clearance request was completed with no lien convictions recorded for both Liliane Coffeen and Michael Coffeen. Medical Clerance records were submitted and a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

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 20-bed facility is adequate and includes a minimum of 3 to 4 staff to 20 residents on the first and second shifts with 2 staff on third shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training 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 acknowledges 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 offered 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 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 his responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, The applicant acknowledges his 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 informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is his 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 his 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges his responsibility to obtain all of the required 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. In addition, the applicant acknowledges his 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 his 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.

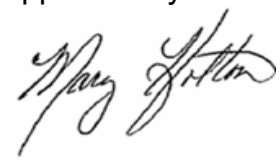
IV. RECOMMENDATION

I issuance of a temporary license to this AFC adult large group home (capacity 13-20).

07/02/2026

Anthony Humphrey — Date
Licensing Consultant

Approved By:



07/02/2026

Mary E. Holton — Date
Area Manager