GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2026

Dr. LaDonna Morrell
Morrell Ministries
1730 Nottingham Rd
Lansing, MI 48911

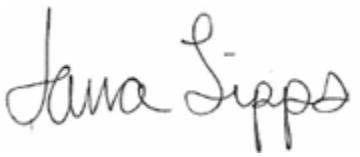
RE: Application #: **AS330419812**
Morrell Ministries
1730 Nottingham Rd
Lansing, MI 48911

Dear Dr. Morrell:

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 3 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,



Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330419812
Applicant Name:	Morrell Ministries
Applicant Address:	3615 Sumpter St. Lansing, MI 48911
Applicant Telephone #:	517-715-7132
Licensee Designee:	LaDonna Morrell
Administrator:	LaDonna Morrell
Name of Facility:	Morrell Ministries
Facility Address:	1730 Nottingham Rd Lansing, MI 48911
Facility Telephone #:	(517) 554-7257
Application Date:	08/05/2025
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/05/2025	Enrollment
08/05/2025	Application Incomplete Letter Sent
08/05/2025	PSOR on Address Completed
08/06/2025	File Transferred To Field Office
08/07/2025	Application Incomplete Letter Sent Emailed to licensee designee, LaDonna Morrell.
08/07/2025	Contact - Document Received Email correspondence received from licensee designee, LaDonna Morrell.
08/12/2025	Application Incomplete Letter Sent Reviewed available documents and sent application incomplete letter via email to licensee designee, LaDonna Morrell.
08/12/2025	Contact - Document Received Requested documents received via email from applicant.
08/20/2025	Application Incomplete Letter Sent Documents reviewed and additional documents still required or need modification. App incomplete letter sent requesting additional documentation.
09/05/2025	Application Incomplete Letter Sent Received documents from applicant. Reviewed and sent updated application incomplete letter requesting remaining docs required.
09/08/2025	Contact - Document Received Documents received from applicant.
09/11/2025	Application Incomplete Letter Sent Updated application incomplete letter sent to applicant with instructions for updating documents submitted and request for documents still required.
09/12/2025	Contact - Document Received Email correspondence received from applicant.
09/15/2025	Contact - Document Sent Email correspondence sent to applicant via email. Discussed updating floor plan, rules pertaining to resident bedrooms, and request for updated documents.

10/27/2025	Contact - Document Received Email correspondence received from applicant.
10/28/2025	Contact - Document Sent Application incomplete letter sent to applicant via email.
10/28/2025	Contact - Telephone call made Telephone call made to applicant to discuss remaining items required prior to on-site inspection.
10/29/2025	Contact - Telephone call received Returned telephone call received from applicant to discuss remaining documents required.
10/29/2025	Contact - Document Sent Follow-up email correspondence sent to applicant regarding contents of telephone conversation.
12/18/2025	Application Incomplete Letter Sent Updated application incomplete letter emailed to applicant, highlighting the new rule set.
01/20/2026	Contact – Document Received Documents received from applicant via email.
01/23/2026	Application Incomplete Letter Sent Documents reviewed. Updated application incomplete letter sent.
02/06/2026	Inspection Completed On-site
02/06/2026	Inspection Completed-BCAL Sub Compliance
02/09/2026	Confirming Letter Sent
04/16/2026	Inspection Completed On-site
04/16/2026	Inspection Completed-BCAL Sub Compliance
04/16/2026	Confirming Letter Sent
05/11/2026	Inspection Completed On-site
05/11/2026	Inspection Completed-BCAL Sub Compliance

05/11/2026	Confirming Letter Sent
05/26/2026	Inspection Completed On-site
05/26/2026	Inspection Completed-BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located at 1730 Nottingham Rd. Lansing, MI, is located in Ingham County, with local zoning ordinances enforced by the City of Lansing. The home is a four bedroom, 2.5 bathroom structure with a full basement and an attached garage. The home is located in a peaceful subdivision conveniently near Frances Park and The Country Club of Lansing. The home is also near local shopping facilities and the public bus line. The home has a sizeable driveway capable of fitting four to six vehicles. There is also parking available on the street. The home utilizes public water and sewage systems.

The applicant, LaDonna Morrell, co-owns the property with her spouse, Richard Morrell. This information was confirmed via submission of the State of Michigan, Warranty Deed for the property. Mr. and Dr. Morrell provided permission for The Department of Licensing & Regulatory Affairs to inspect the property for purposes of establishing an adult foster care facility at this address. Mr. & Dr. Morrell reside in the home and plan to remain occupants of the home once licensure is achieved. They have been cleared via the BCHS AFC-100 form for occupancy in the home.

The home is a ranch home with a full, partially finished basement. The home has three bedrooms on the main level and one bedroom in the basement. The home has 1.5 bathrooms on the main level and one full bathroom in the basement. When entering the home there is a small front porch with a step up to enter. The entry way flows into the living room, and wraps around the main level, to the dining room, into the kitchen, and down a back hallway which leads to three bedrooms and one full bathroom. The primary bedroom will not be licensed for resident use as this is Mr. & Dr. Morrell's private bedroom. This bedroom includes an attached half bathroom. The second bedroom will be licensed for one resident. This bedroom currently contains Dr. Morrell's private office furniture. Dr. Morrell has signed a statement identifying that she will not admit a resident to this bedroom until her office furnishings are completely removed and the space is properly furnished with required resident furnishings. The third bedroom is licensed for two residents. The full bathroom on the main level is equipped with a stand-up shower for resident use. The home has an exit door located in the kitchen and an exit door located in the dining room. The exit door located in the dining room will be the second required means of egress. This door leads to the back porch of the home which has steps that lead to the backyard. The two required means of egress have both been

equipped with interconnected, positive-latching, non-locking against egress deadbolt locks that were installed by a locksmith. The home is not handicap accessible as there are no wheelchair ramps located at the two means of egress to support a resident who requires mobility assistance.

The basement is partially finished. There is a large living room in the basement which is equipped with wood paneling, affixed to drywall and a suspended ceiling. Dr. Morrell provided documentation from Dukes Mechanical, HVAC company, attesting to the ceiling tiles being Class A fire rated and the wood paneling being Class C fire rated for 400-500 degrees Fahrenheit. The fourth bedroom is located in the basement. This bedroom will not be licensed for resident use due to the basement not meeting licensing criteria for resident bedroom ceiling height. The basement has two separate rooms currently being utilized for storage. Dr. Morrell has agreed to keep these rooms organized to prevent fire hazards. The furnace, water heater, washer and dryer are all located in the basement. The basement has a separate room that is being utilized for exercise equipment. There is a full bathroom located in the basement equipped with a stand-up shower.

The natural gas furnace and hot water heater, in addition to the washer and dryer, are located in the facility's basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace and electrical system were inspected on 11/11/25 by A-1 Mechanical and 1/21/25 by FD Hayes Electric Company and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

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 has two wood burning fireplaces located in the main level living room and the basement living room. The fireplaces are not currently functional, and Dr. Morrell has reported that these fireplaces have been closed off for use. Dr. Morrell will obtain a safety inspection from a qualified technician before attempting to use either of these fireplaces for emergency heating purposes.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was installed on 1/21/25 and was determined to be fully operational and in good condition. Smoke detectors are 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14’4ft x 11’1ft	159sqft	N/A – Licensee Designee’s personal bedroom
2	9’1ft x 11’5ft	103.7sqft	1
3	12’11ft x 10’1ft	130sqft	2
Living Room	21.11ft x 13’3ft	290.4sq ft	N/A
Dining Room	11ft x 10’6ft	115.5sqft	N/A

The living, dining, and sitting room areas measure a total of _406_ 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 **three** (3) 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, were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **three (3)** male and female, ambulatory adults whose diagnosis is aged, developmentally disabled, or mentally ill in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and 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 Tri County Office on Aging, Michigan Department of Health and Human Services, Adult Protective Services, and private referrals.

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 Morrell Ministries, a Domestic Ecclesiastical Corporation, was established in Michigan, on 1/17/19. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted an estimated annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Morrell Ministries have submitted documentation appointing Dr. LaDonna Morrell as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Dr. Morrell. Dr. Morrell submitted a medical clearance with a statement from a physician documenting her good health.

Dr. Morrell has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Dr. Morrell earned her doctorate in theology in December 2019. Dr. Morrell has experience providing direct care services from 2018 through 2021 at the Hope Network adult foster care facility in East Lansing, MI. She has personal experience working as a private duty caregiver in the greater Lansing area for multiple years. Through these experiences she has provided care to individuals diagnosed with developmental disabilities, mental illness, traumatic brain injuries, and the aged populations. She has management experience through running her own businesses, including an adult reentry program for individuals

returning from jail or prison, a private duty caregiving agency, and holding the position as Vice President of the Kiwanis Club of Lansing.

The staffing pattern for the original license of this _3_ bed facility is adequate and includes a minimum of _1_ staff –to- _3_ 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 unless a resident's assessment plan requires this level of supervision.

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 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 medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee designee 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 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 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 or more frequently if necessary.

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 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 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.

The applicant acknowledges that residents with mobility impairments may not reside in this home due to the home not being approved for handicap accessibility.

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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 3).

5/27/26

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Jana Lipps Date
Licensing Consultant

Approved By:

05/29/2026

_____

Dawn N. Timm Date
Area Manager