GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 15, 2026

Angel Moore
49801 Chase Way
MATTAWAN, MI 49071

RE: Application #: AF800420072
Chase Way Home
49801 Chase Way
Mattawan, MI 49071

Dear Ms. Moore,

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 (517) 335-5985.

Sincerely,

Kristy Duda, 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 #:	AF800420072
Licensee Name:	Angel Moore
Licensee Address:	49801 Chase Way MATTAWAN, MI 49071
Licensee Telephone #:	(269) 903-8224
Administrator/Licensee Designee:	N/A
Name of Facility:	Chase Way Home
Facility Address:	49801 Chase Way Mattawan, MI 49071
Facility Telephone #:	(269) 903-8224
Application Date:	11/15/2025
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

11/15/2025	On-Line Enrollment
11/17/2025	PSOR on Address Completed
11/17/2025	Contact - Document Sent forms sent
12/04/2025	Contact - Telephone call received Angel called said she mailed in forms, we have not received them yet she will email them
12/08/2025	Contact - Document Received 1326/RI030 and AFC100
12/08/2025	File Transferred To Field Office
12/17/2025	Application Incomplete Letter Sent
12/18/2025	Contact - Document Received Program Statement, Floor Plan, Emergency Procedures, Admission Policy, Evacuation Plan, Organization Chart, Personnel Procedures, Job Description, Staffing Pattern, Routine Procedures, and Medical Clearance.
12/23/2025	Contact - Document Received Proposed Budget
01/12/2026	Inspection Completed-BCAL Sub. Compliance
05/12/2026	Corrective Action Plan Received
05/12/2026	Corrective Action Plan Approved
05/12/2026	Application Complete/On-site Needed
05/18/2026	Contact - Document Received Email exchange with applicant.
06/04/2026	Inspection Completed On-site
06/04/2026	Inspection Completed-BCAL Full Compliance
06/30/2026	Contact - Document Received Household Member Information.
07/06/2026	CAP Compliance Verification

07/10/2026 PSOR on Address Completed
No hits.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is in the city of Mattawan within Van Buren County near I-94. The facility is in a residential neighborhood and close to local churches, restaurants and grocery stores. The closest hospital to the facility is Bronson Lakeview Hospital, which is approximately 11 minutes away in case of an emergency. Parking is available within the driveway and street.

Due to the facility's location, it utilizes both public water and sewage system.

The applicant owns the facility and provided a copy their winter property taxes to verify ownership.

The facility is a 1300 square foot ranch style home with a finished basement and attached garage. The facility has four bedrooms and two full bathrooms. The primary means of egress is the front door, secondary means of egress is a sliding glass door leading to the backyard, and the third means of egress leads to the attached garage that also has a door leading outside. The facility does not have wheelchair ramps at two approved means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

Upon entering the facility, you immediately enter an open concept living area. The dining room is furnished with a dining room table and chairs for seating. Directly to the left is the kitchen. The stackable washer and dryer is in a closet within the kitchen. The facility's clothes dryer is vented to the outside using permanent metal duct work. Straight ahead from the front door is a large living room which contains couches and a television. To the right of the living room is a small hallway leading to a full bathroom with a tub/shower and three bedrooms. The bedroom at the end of the hallway on the left contains another full bathroom with a stand-up shower. Both bathrooms are equipped with a window or mechanical fan for ventilation.

The door leading to the basement is located within the kitchen next to the door leading to the garage. The basement has one finished bedroom and a large living area. This area will not be utilized by residents as this is where the licensee resides. The heating plant which includes a natural gas furnace and water heater is in an enclosed room within the 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. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The furnace and electrical system were inspected on10/20/25 by a licensed inspector through Aardvark Home Inspectors, Inc., respectively, and both were determined to be in good condition and functioning properly.

The facility is equipped with at least one single battery-operated smoke alarms between sleeping areas, on each occupied floor and in areas of the facility that contain flame or heat producing equipment.

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's backyard is surrounded by a wooden privacy fence; however, the applicant acknowledged an understanding the gates must not be locking against egress.

The facility has an above ground pool located in the backyard which is enclosed by a fence and locking door to prevent access to the pool. There is also a shed located in the backyard.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'8" x 11'6"	122.7	1
2	12'5" x 13'4"	165.6	2
3	12'4" x 14'1"	173.7	2

The living, dining, and sitting room areas measure a total of 437 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 **five (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, 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 **five** (**5**) both male and female ambulatory adults whose diagnosis is aged and physically handicapped in the least restrictive environment possible.

The applicant will provide supervised community living, personal care, protection and supportive services to adults who require assistance with activities of daily living in a safe, structured, and home-like environment. The program is designed to promote independence, personal choice, dignity, and overall quality of life while ensuring the health, safety, and well-being of each resident. The facility will provide residents with mobility, medication administration, personal hygiene, meal preparation, and other daily living activities but that do not require continuous nursing care. Residents will live in a clean and comfortable home that allows residents access to local services, medical providers, recreational opportunities, and community activities. Transportation is provided to support residents' participation in community activities and services consistent to what is assessed within their assessment plans.

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 local Department of Health and Human Services, programs or agencies working with the aged populations such as Senior Care Partners, and private pay individuals as referral sources.

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 Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant acknowledges the department may request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal course of business to demonstrate the provision of care and services for an Adult Foster Care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee. The applicant submitted a medical clearance with a statement from a physician documenting the applicant is in good physical and mental health, dated 12/18/25.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant graduated with their high school diploma in 2015 and completed a certified nursing assistant training program in 2017. The applicant has over 8 years of direct experience in nursing facilities, agency-based home care, and private in-home support. The applicant is skills in personal care, mobility assistance, meal preparation, home health tasks, maintaining client dignity and promoting independence.

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. 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 or will not be awake during sleeping hours depending on the needs of the residents as identified in their assessment plan.

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 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.

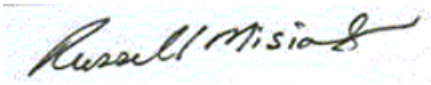
IV. RECOMMENDATION

Choose one:
I recommend issuance of a temporary license to this AFC adult family home (capacity 1-5).

7/10/26

Kristy Duda — Date
Licensing Consultant

Approved By:



7/16/26

Russell B. Misiak — Date
Area Manager