GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 15, 2026

Marcia Curtiss
Bridgeway Park Tecumseh
21800 Haggerty RD Ste 115
Northville, MI 48167

RE: Application #: AL460420146
Bridgeway Park Tecumseh Assisted Living
1313 Southwestern Drive
Tecumseh, MI 49286

Dear Marcia Curtiss:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Dwight Forde, 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 #:	AL460420146
Licensee Name:	Bridgeway Park Tecumseh
Licensee Address:	21800 Haggerty RD Ste 115 Northville, MI 48167
Licensee Telephone #:	(248) 735-1020
Licensee Designee:	Marcia Curtiss, Designee
Administrator:	Kelly McCann
Name of Facility:	Bridgeway Park Tecumseh Assisted Living
Facility Address:	1313 Southwestern Drive Tecumseh, MI 49286
Facility Telephone #:	(517) 423-1141
Application Date:	12/10/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

11/05/2025	Inspection Completed-Fire Safety : A
12/10/2025	On-Line Enrollment
12/11/2025	PSOR on Address Completed
12/11/2025	File Transferred To Field Office
12/18/2025	Application Incomplete Letter Sent
05/05/2026	Application Complete/On-site Needed
05/07/2026	Inspection Completed On-site
05/07/2026	Inspection Completed-Env. Health : A
07/01/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story building with exterior vinyl siding. It is located near M-50/Chicago Boulevard in the city of Tecumseh. There are restaurants, a high school stadium, a library and a farmer's market area. Hickman Hospital, part of the Promedica Health System, can accommodate residents if needed. The facility has a large, paved driveway that can accommodate more than several vehicles. Bridgeway Park Tecumseh Assisted Living is connected to Bridgeway Park Tecumseh Memory Care through a walkway.

A public sewer and water system through the City of Tecumseh services the facility while a private vendor with weekly pickup provides garbage disposal.

The facility is owned by Bridgeway Park Tecumseh, and a copy of the deed was provided and placed in the facility folder. The owner provided the department with permission to inspect the facility.

The front of the property facing the street is the primary means of egress. This door is leads to a vestibule where visitors sign in. This leads to the dining room area, which is separated from a sunroom visiting area by a long corridor, off which are all resident rooms and offices. At the end of each corridor there are exits, therefore the facility has multiple means of egress. The facility's doorways and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them. The kitchen area and medication room are on opposite sides of the corridor.

There are large shower rooms and lavatories, equipped with sinks and toilets, sitting off the main corridor.

There are 20 resident bedrooms on the main floor, with 10 in each corridor.

The living room also functions as an activity room, and the dining room is spacious enough to accommodate family style seating. Off the dining room is a very large kitchen that contains all the necessary appliances for providing meals to the residents. Off the kitchen area is a large food storage room that has its own exit for deliveries. Immediately across from the dining room is a medication dispensing room where all resident medications will be stored and locked.

The furnaces and water heaters and located on the main floor and are separated from the resident areas by 1-3/4 inch solid core doors equipped with an automatic self-closing device and positive latching hardware.

The furnaces, water heaters and central air system were inspected on 03/24/2026 by Shoemaker Heating and Plumbing and determined to be in good condition. The electrical systems and interconnected smoke detections were inspected on 06/27/2025 by Safety Systems Inc. and determined to be fully operational and in good condition. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement. 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.

On 11/05/2025, the Bureau of Fire Services conducted an inspection and issued an A-Rating.

The City of Tecumseh is the zoning authority and has approved operations.

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’ X 12’	144	1
2	12’ X 12’	144	1
3	12’ X 12’	144	1
4	12’ X 12’”	144	1
5	12’ X 12’	144	1
6	12’ X 12’”	144	1
7	12’ X 12’	144	1
8	12’ X 12’	144	1
9	12’ X 12’	144	1
10	12’ X 12’	144	1
11	12’ X 12’	144	1
12	12’ X 12’	144	1

13	12’ X 12’	144	1
14	12’ X 12’	144	1
15	12’ X 12’	144	1
16	12’ X 12’	144	1
17	12’ X 12’	144	1
18	12’ X 12’	144	1
19	12’ X 12’	144	1
20	12’ X 12’	144	1

The living, dining, and sitting room areas measure a total of 1000 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 twenty male and female ambulatory and/or non ambulatory adults whose diagnosis is aged and physically handicapped, in the least restrictive environment possible.

According to the program statement: “Bridgeway Park Tecumseh is a licensed facility which assists the elderly with care and provides a safe and supportive environment. We offer an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for residents.” The licensee will cultivate social interaction, privacy and appropriate stimulation to accommodate lowered stress threshold of residents. “The facility is designed to enhance the relationship between human performance and environment for residents who depend on cues from the environment and people around them.”

“Bridgeway Park Tecumseh will ensure that methods of behavior intervention are positive and relevant to the needs of the resident. If applicable, interventions to address unacceptable behavior will be specified in a resident’s written assessment plan and employed in accordance with that plan. Interventions to address unacceptable behavior will also ensure that the safety, welfare, and rights of the residents are adequately protected. If a specialized intervention is needed to address the unique programmatic needs of a resident, the specialized intervention will be developed in consultation with, or obtained from, professionals who are licensed or certified in that scope of practice.”

The applicant intends to accept residents mainly from private sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement.

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, Bridgeway Park Tecumseh, a Domestic Limited Liability Company" was established in Michigan, on 10/24/2025. Timothy Dockerty is the Resident Agent. 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 Board of Directors have submitted documentation appointing Marcia Curtiss as Licensee Designee for this facility. Mrs. Curtiss has functioned as the licensee designee of multiple facilities since 11/11/2024.

A licensing record clearance request was completed with no LEIN convictions recorded for Marcia Curtiss. The licensee designee submitted a medical clearance with a statement from a physician documenting the licensee designee's good health, dated 01/20/2026.

Kelly McCann, the facility administrator also submitted a medical clearance with a statement from a physician documenting her good health, dated 02/11/2026 and verification that she has a baseline screening for communicable diseases and records of illness on hiring.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Curtiss is the current vice president of operations at Parallel Management Group. She has extensive work history in a variety of assisted living settings. She has been responsible for designing and managing hospice locations in the past. Mrs. Hoffman has served in administrative settings since 2013 and, up until licensure, has been the administrator for the current facility since 2017. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. Both the licensee designee and administrator possess management experience involving staff

supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of one staff to 15 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.

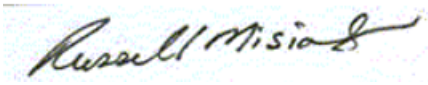
IV. RECOMMENDATION

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

7/15/26

Dwight Forde Date
Licensing Consultant

Approved By:



7/15/26

Russell B. Misiak Date
Area Manager