



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 18, 2026

Tuana Lothery
2424 Peck
Muskegon, MI 49444

RE: License #:	AF610303558 C.M.L. Homes 2424 Peck St. Muskegon Hts., MI 49444
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Dear Ms. Lothery:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AF610303558
Licensee Name:	Tuana Lothery
Licensee Address:	2424 Peck Muskegon, MI 49444
Licensee Telephone #:	616-223-7422
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	C.M.L. Homes
Facility Address:	2424 Peck St. Muskegon Hts., MI 49444
Facility Telephone #:	(231) 903-8555
Original Issuance Date:	03/04/2010
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/06/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 08/06/2026

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 1
No. of others interviewed 1 Role: T. Lothery, Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
At the time of the inspection, resident medications were not being administered.
A review of the resident medication and MAR was conducted.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
N/A ☒
- Number of excluded employees followed-up? A Workforce Background Check
site was conducted. N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in compliance with rules and requirements. I conducted a review of the new AFC rules with Ms. Lothery and went over updated requirements for family homes to stay in compliance with the new set of AFC rules.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care family home license (capacity 6).
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08/18/2026

Elizabeth Elliott
Licensing Consultant

Date