GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 16, 2026

Kristy Dumas
Family Crest Living LLC
1391 10th Road
Bark River, MI 49807

RE: License #: AM210418762
Family Crest Living
400 South 10th Street
Escanaba, MI 49829

Dear Ms. Dumas:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial 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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

Maria DeBacker

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems CAMP Office
350 Ottawa
Grand Rapids
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #:	AM210418762
Licensee Name:	Family Crest Living LLC
Licensee Address:	1391 10th Road Bark River, MI 49807
Licensee Telephone #:	(702) 579-5726
Licensee/Licensee Designee:	Kristy Dumas, Designee
Name of Facility:	Family Crest Living
Facility Address:	400 South 10th Street Escanaba, MI 49829
Facility Telephone #:	(702) 579-5726
Original Issuance Date:	01/21/2026
Capacity:	12
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/8/26

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 2
No. of others interviewed Role:

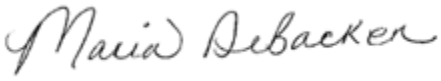
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ 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? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



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Maria Debacker Date
Licensing Consultant