GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 2, 2026

Regina Mugo
Ideal Treasure Care AFC LLC
1125 Edgemoor Ave
Kalamazoo, MI 49024

RE: License #: AS390418179
**Mt Vernon AFC**
**5536 Mt Vernon**
**Portage, MI 49024**

Dear Regina Mugo:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the mentally ill and developmentally disabled will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,



Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI  48909
(269) 615-5190

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS390418179 |
| **Licensee Name:** | Ideal Treasure Care AFC LLC |
| **Licensee Address:** | 6710 Evergreen St<br>Portage, MI 49024 |
| **Licensee Telephone #:** | (269) 414-9598 |
| **Licensee Designee:** | Regina Mugo |
| **Administrator:** | Regina Mugo |
| **Name of Facility:** | Mt Vernon AFC |
| **Facility Address:** | 5536 Mt Vernon<br>Portage, MI 49024 |
| **Facility Telephone #:** | (269) 270-3017 |
| **Original Issuance Date:** | 04/11/2024 |
| **Capacity:** | 6 |
| **Program Type:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection: 10/02/2026

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Management

- 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 ☐
  On 10/04/2024, a variance was approved from former adult foster care administrative rule R 400.14410(5). The variance permits the licensee, for the identified resident, to not have a bed frame/foundation so long as the resident's assessement plan, individual plan of services, person centered plan, treatment plan and other corresponding documentation reflects the resident's preference. Although the administrative rules cited in the variance are no longer in effect, the approved variance remains in effect.

Additionally, on 04/07/2025, a variance was approved from former adult foster care administrative rules R 400.14304(1)(j)/(2), R 400.14410(2), and R 400.14410(5). The variance permits the licensee, for the identified resident, to maintain the resident's personal belongings in secured storage without unrestricted resident access and to provide the resident's bedroom without a mirror or bed frame. Although the administrative rules cited in the variance are no longer in effect, the approved variance remains in effect.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.619 Emergency preparedness plan.**

**(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.**

**FINDING:** Upon review of the 2026 emergency preparedness records, including the fire safety plan, the licensee did not have documentation of a fire drill conducted during March, April, or May 2026. The documented fire drills for January, February, and June 2026 were all conducted during the 3 pm to 11 pm shift. Therefore, the licensee did not practice the emergency preparedness plan, including the fire safety plan, during each of the three required shifts in the first and second quarters of 2026, as required.

**R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.**

**FINDING:** Upon review of resident records, the most recent health care appraisal in Resident A's record was dated 03/25/2025, and the most recent health care appraisal in Resident B's record was dated 08/09/2024; therefore, health care appraisals for Resident A and Resident B were not completed at least annually, as required.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification for the mentally ill and developmentally disabled are recommended.



10/02/2026

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Cathy Cushman Date
Licensing Consultant