GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 25, 2026

Arju Patel
COLDWATER SENIOR LIVING LLC
7721 Crooked Cove St
Kalamazoo, MI 49009

RE: Application #: AL120420701
Drews Place Of Coldwater II
300 E. Washington St
Coldwater, MI 49036

Dear Arju Patel:

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 #:	AL120420701
Licensee Name:	COLDWATER SENIOR LIVING LLC
Licensee Address:	7721 Crooked Cove St Kalamazoo, MI 49009
Licensee Telephone #:	(269) 532-3955
Administrator/Licensee Designee:	Arju Patel
Name of Facility:	Drews Place Of Coldwater II
Facility Address:	300 E. Washington St Coldwater, MI 49036
Facility Telephone #:	(269) 532-3955
Application Date:	05/17/2026
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

09/23/2025	Inspection Completed-Fire Safety : A From AL120238692
05/17/2026	On-Line Enrollment
05/18/2026	PSOR on Address Completed
05/18/2026	Contact - Document Sent AppInc sent via email.
06/02/2026	Contact - Document Received 1326/RI030
06/02/2026	Comment FP sent to Ashley.
06/04/2026	File Transferred To Field Office
06/05/2026	Application Incomplete Letter Sent
07/06/2026	Application Complete/On-site Needed
08/12/2026	Inspection Completed On-site
08/12/2026	Inspection Completed-BCAL Full Compliance
08/12/2026	Inspection Completed-Env. Health : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story building with exterior vinyl siding. It is a large ranch style structure composed mainly of lath and plaster. It rests in a residential neighborhood close to the greater downtown business district in the city Coldwater. Nearby are restaurants, department stores, groceries and a hospital. The police and fire services are within close proximity. The facility has a paved driveway that can accommodate visitor parking. It is connected to its sister facility via a walkway.

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

The facility is owned by Coldwater Senior Living LLC, 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 leads to a vestibule where visitors sign in. This area opens to a living room/dining room area, off which sits the kitchen and med room. Obliquely opposite the living room is another sitting area where friends and families can visit their loved ones. Two corridors span the width of the building and 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 accommodate residents requiring wheelchairs or other devices to easily navigate through them.

There are 16 studio bedrooms and four one-bedroom apartments. Each bedroom has its own bathroom which consists of a toilet, sink, a walk-in shower and mechanical fan for ventilation. The showers are equipped with grab-bars to provide stability should residents need them. The rooms have a separate living room. Each resident living area has a call alert button, a sink, a small refrigerator, a microwave oven, and storage area for consumables. The residents can control the room temperature individually.

The living room also functions as an activity room, and the dining room is spacious enough to accommodate family style seating. The rooms are well furnished with chairs, tables and couches. Off the dining room is a very large kitchen that contains all the necessary appliances for providing meals to the residents. There are adequate sanitation stations and dishwashers. There is an office which functions as a medication dispensing room where all resident medications will be stored and locked.

There are three mechanical rooms that feature a furnace, water heater and fire suppression system. The 1 ¾ inch solid core doors and frame leading to each mechanical room are fire-rated; they are equipped with an automatic self-closing devices and positive latching hardware. The rooms are constructed of materials that provide a 1-hour-fire resistance rating. There are laundry facilities and the dryer is properly vented to the outside. The facility also has public restrooms for visitor use.

The furnace, water heaters and central air system were inspected on 07/01/2026 by Xcel Heating and Cooling and determined to be in good condition. The electrical systems and interconnected smoke detections were inspected on 05/05/2026 by Midwest Alarm Services and determined to be fully operational and in good condition. Cascade Sprinkler Inspection Company delivered a favorable report on 12/26/2025. 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, living rooms, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

On 09/23/2025, the Bureau of Fire Services conducted an inspection and issued an A-Rating.

On 06/25/2026, The City of Coldwater provided approval for the facility to operate as an assisted living facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13’8’’ X 19’	259	1
2	13’8’’ X 19’	259	1
3	13’8’’ X 19’	259	1
4	13’8’’ X 19’	259	1
5	13’8’’ X 19’	259	1
6	13’8’’ X 19’	259	1
7	13’8’’ X 19’	259	1
8	13’8’’ X 19’	259	1
9	13’8’’ X 19’	259	1
10	13’8’’ X 19’	259	1
11	13’8’’ X 19’	259	1
12	13’8’’ X 19’	259	1
13	13’8’’ X 19’	259	1
14	13’8’’ X 19’	259	1
15	13’8’’ X 19’	259	1
16	13’8’’ X 19’	259	1
17	11’ 8’’ X 14’ + 13’ 10” X 14’	356	1
18	11’ 8’’ X 14’ +	356	1

	13’ 10” X 14’		
19	11’ 8’’ X 14’ + 13’ 10” X 14’	356	1
20	11’ 8’’ X 14’ + 13’ 10” X 14’	356	1

The living, dining, and sitting room areas measure a total of 1546 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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 20 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: “This program will be directed towards the aged population or persons with disabilities requiring the level of care provided in a licensed adult foster care home. Each resident will have a pre-admission assessment and ongoing assessment to develop a care plan to meet their identified needs in the areas of activities of daily living, nutrition, religion, social, recreation, health and personal safety. There will be a yearly evaluation and as needed, of each resident’s care plan in regard to appropriateness or need for change.” The licensee will cultivate social interaction, privacy and appropriate stimulation to accommodate lowered stress threshold of residents

Furthermore, “The facility will provide the opportunity for resident’s participation in games, music, crafts & hobbies, TV, reading material, current subscriptions to local newspaper. Residents will be assisted with personal shopping if needed; however, this is an area where family/friends will be encouraged to participate with the resident. Information and encouragement will be provided to residents for participation in religious and community services and activities as desired.”

The applicant intends to accept residents primarily from the community and organizations that provide linkages to the elderly.

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

C. Applicant and Administrator Qualifications

The applicant, Coldwater Senior Living LLC, a Domestic Limited Liability Company" was established in Michigan, on 05/06/2026. Arju Patel 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.

Mr. Patel is the sole board member and has appointed himself licensee designee for this facility.

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

At this time, Mr. Patel will be functioning as the facility administrator.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Patel has vast managerial experience, managing non-profit organizations that assisted underserved populations obtain dental care. He has also managed construction projects and most recently, hotel personnel. He is familiar with regulatory oversight. His other human services exploits include a stint as an emergency medical technician where he took and recorded patient vitals, did assessments and coordinated care. Mr. Patel has a strong educational background in finance. During the enrollment process, he availed himself of the opportunity to utilize the training tools on the LARA website. The licensee designee/administrator possesses 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

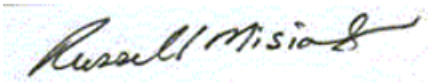
I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



9/25/26

Dwight Forde Date
Licensing Consultant

Approved By:



9/29/26

Russell B. Misiak Date
Area Manager