



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 29, 2022

Cari Ann Foerster  
Jacaloro LLC  
3045 Mannion Road  
Saginaw, MI 48603

RE: License #: AM560378418  
**Avielle Haven**  
**2760 E. Yoder Drive**  
**Midland, MI 48640**

Dear Ms. Foerster:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM560378418
<b>Licensee Name:</b>	Jacaloro LLC
<b>Licensee Address:</b>	3045 Mannion Road Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 798-6506
<b>Licensee Designee:</b>	Cari Ann Foerster
<b>Administrator:</b>	Cari Ann Foerster
<b>Name of Facility:</b>	Avielle Haven
<b>Facility Address:</b>	2760 E. Yoder Drive Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 798-6506
<b>Original Issuance Date:</b>	04/29/2016
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/28/2022

Date of Bureau of Fire Services Inspection if applicable: 09/16/2022

Date of Health Authority Inspection if applicable: 07/01/2022

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 10  
No. of others interviewed N/A Role: [redacted]

- 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.

The facility is in compliance with all applicable rules and statutes.

#### IV. RECOMMENDATION

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



09/29/2022

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Rodney Gill  
Licensing Consultant

Date