



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 21, 2023

Marcia Curtiss
MCAP Fennville Opco LLC
Ste 115
21800 Haggerty Road
Northville, MI 48167

RE: License #: AL030404612
Golden Orchards I
2464 55th Street
Fennville, MI 49408

Dear Mrs. Curtiss:

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 black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #: AL030404612

Licensee Name: MCAP Fennville Opco LLC

Licensee Address: Ste 115
21800 Haggerty Road
Northville, MI 48167

Licensee Telephone #: (269) 561-4663

Licensee/Licensee Designee: Marcia Curtiss

Administrator: Natalie Bustillos

Name of Facility: Golden Orchards I

Facility Address: 2464 55th Street
Fennville, MI 49408

Facility Telephone #: (269) 561-4663

Original Issuance Date: 01/15/2021

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/07/2023

Date of Bureau of Fire Services Inspection if applicable: 11/10/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: 0

- 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.



06/21/2023

Eli DeLeon
Licensing Consultant

Date