



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 6, 2025

Dorothy McGee  
Maveric Manor Inc  
PO Box 227  
Pellston, MI 49769

RE: License #: AM240072650  
**Maveric Manor**  
**1410 N. Mackinaw Trail**  
**Pellston, MI 49769**

Dear Mrs. McGee:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM240072650
<b>Licensee Name:</b>	Maveric Manor Inc
<b>Licensee Address:</b>	1410 Hwy. 31 N Pellston, MI 49769
<b>Licensee Telephone #:</b>	(231) 539-3060
<b>Licensee Designees:</b>	Dorothy McGee, Melissa Forrester, Eric Forrester
<b>Administrator:</b>	Dorothy McGee
<b>Name of Facility:</b>	Maveric Manor
<b>Facility Address:</b>	1410 N. Mackinaw Trail Pellston, MI 49769
<b>Facility Telephone #:</b>	(231) 539-3060
<b>Original Issuance Date:</b>	09/01/1996
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL & AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/28/2025

Date of Bureau of Fire Services Inspection if applicable: 02/14/2025

Date of Health Authority Inspection if applicable: 11/13/2024

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 9  
No. of others interviewed 3 Role: Licensee Designees

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

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

There were no sleeping hours fire drills conducted and/or documented during the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters of 2024.

**R 400.14401      Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature was measured at 126 degrees Fahrenheit in the kitchen and 123 degrees Fahrenheit in each resident bathroom at the time of the inspection.

**R 400.14407      Bathrooms.**

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

The fan in one resident bathroom was inoperable during the time of the inspection.

A corrective action plan was requested and approved on 02/28/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

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



3/6/2025

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Adam Robarge  
Licensing Consultant

Date