



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 4, 2025

Jotara Mccall  
MCCALL COTTAGES LLC  
735 RUSTIC DRIVE  
SAGINAW, MI 48604

RE: License #: AS730418321  
MCCALL COTTAGES LLC  
735 RUSTIC DRIVE  
SAGINAW, MI 48604

Dear Jotara Mccall:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 240-2478

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS730418321
<b>Licensee Name:</b>	MCCALL COTTAGES LLC
<b>Licensee Address:</b>	SUITE 220 17350 STATE HIGHWAY 249 HOUSTON, TX 77064
<b>Licensee Telephone #:</b>	(989) 906-5161
<b>Licensee Designee:</b>	Jotara McCall
<b>Administrator:</b>	Jotara McCall
<b>Name of Facility:</b>	MCCALL COTTAGES LLC
<b>Facility Address:</b>	735 RUSTIC DRIVE SAGINAW, MI 48604
<b>Facility Telephone #:</b>	(989) 906-5161
<b>Original Issuance Date:</b>	09/05/2024
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/04/2025

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
No residents have lived at the facility during the temporary license period.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
No residents have lived at the facility during the temporary license period.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. No residents have lived at the facility during the temporary license period.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
No residents have lived at the facility during the temporary license period.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
No residents have lived at the facility during the temporary license period.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.  
No residents have lived at the facility during the temporary license period.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☒ N/A ☐  
If no, explain. No residents have lived at the facility during the temporary license period.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
Not applicable.
- 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:

#### **MCL 400.717**

#### **Provisional license**

**(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.**

**(3) If the provisional license is issued for deficiencies in the quality of care provided in the adult foster care facility, the provisional license is not renewable. If the quality of care deficiencies are corrected and intervening deficiencies of any kind are not incurred, a regular license shall be issued.**

At time of inspection, there had been no residents who resided at the facility during the temporary license period and quality of care could not be assessed.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



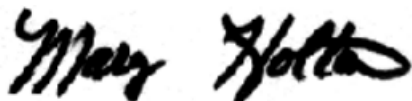
3/4/2025

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Christina Garza  
Licensing Consultant

Date

Approved by:



3/4/2025

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Mary E. Holton  
Area Manager

Date