



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 27, 2025

Rebecca Carver  
Caring Hearts Community, LLC  
3942 107th Avenue  
Allegan, MI 49010

RE: Application #: AS030418138  
Caring Hearts Community 2  
1212 32 St  
Allegan, MI 49010

Dear Ms. Carver:

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 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

*Megan Aukerman, LMSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AS030418138                            |
| <b>Applicant Name:</b>                  | Caring Hearts Community, LLC           |
| <b>Applicant Address:</b>               | 3942 107th Avenue<br>Allegan, MI 49010 |
| <b>Applicant Telephone #:</b>           | (269) 355-1927                         |
| <b>Administrator/Licensee Designee:</b> | Rebecca Carver, Designee               |
| <b>Name of Facility:</b>                | Caring Hearts Community 2              |
| <b>Facility Address:</b>                | 1212 32 St<br>Allegan, MI 49010        |
| <b>Facility Telephone #:</b>            | (269) 355-1927                         |
| <b>Application Date:</b>                | 01/03/2024                             |
| <b>Capacity:</b>                        | 6                                      |
| <b>Program Type:</b>                    | DEVELOPMENTALLY DISABLED               |

## II. METHODOLOGY

|            |   |
|------------|---|
| 08/22/2023 | Inspection Completed-Env. Health : A<br>Please refer to AS030407230                 |
| 01/03/2024 | Enrollment  |
| 01/03/2024 | Application Incomplete Letter Sent<br>Requested 1326/RI030                          |
| 01/03/2024 | PSOR on Address Completed   |
| 05/31/2024 | Contact - Document Sent<br>2nd request sent   |
| 07/03/2024 | Contact - Document Received<br>updated application                                  |
| 07/03/2024 | Contact - Document Sent<br>emailed Rebecca to let her know we need 1326/RI030 still |
| 07/22/2024 | File Transferred to Field Office  |
| 03/23/2025 | Application Complete/On-site Needed   |
| 03/25/2025 | Inspection Completed On-site  |
| 03/26/2025 | Exit Conference   |
| 03/26/2025 | Inspection Completed-BCAL Full Compliance   |
| 10/30/2025 | Application Incomplete Letter Sent  |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This single-story home is a large vinyl facility located in Allegan. The main floor of the facility contains a kitchen, dining room, living room, one full-size bathroom, a half-size bathroom and three resident bedrooms. The laundry is in the lower level of the home, which is not for resident use. The facility private public water and sewer systems.

The gas furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

| <b>Bedroom #</b> | <b>Room Dimensions</b> | <b>Total Square Feet</b> | <b>Total Resident Beds</b> |
|------------------|------------------------|--------------------------|----------------------------|
| 1                | 11'11 X 13             | 144 sq. ft.              | 2                          |
| 2                | 11'2" X 13'2           | 147 sq. ft.              | 2                          |
| 3                | 13'3" X 14'3"          | 190sq. ft.               | 2                          |

The dining room and living room measure 343 square feet. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, it is concluded that this facility can accommodate **six residents**. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description Applicant and Administrator Qualifications**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **six** male or female adults aged 50 and over, whose diagnosis are aged, mentally impaired, developmentally disabled, Alzheimer's, and/or physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide transportation for program and medical needs unless otherwise noted in the resident care agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Caring Hearts LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 10/24/2019. 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.

Rebecca Carver is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Ms. Carver were completed with no restrictions noted on either. TB-tine results were negative.

Ms. Carver provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is 1-staff- to-6 residents during all shifts. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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](http://www.miltcpartnership.org)), Identogo, 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 Ms. Sikes, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all the required 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 the required forms and signatures to be completed for each

resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

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 small group home (capacity 6).

*Megan Aukerman, LMSW*

03/27/2025

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Megan Aukerman  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

03/27/2025

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Jerry Hendrick  
Area Manager

Date