



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 21, 2025

Megan Fry  
MCAP Mt. Pleasant OPCO, LLC  
Suite 115  
21800 Haggerty Rd  
Northville, MI 48167

RE: License #: AL370404605  
**Prestige Centre II**  
**5785 E Broadway**  
**Mt. Pleasant, MI 48858**

Dear Ms. Fry:

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 "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AL370404605  |
| <b>Licensee Name:</b>          | MCAP Mt. Pleasant OPCO, LLC                            |
| <b>Licensee Address:</b>       | Suite 115<br>21800 Haggerty Rd<br>Northville, MI 48167 |
| <b>Licensee Telephone #:</b>   | (989) 773-9421   |
| <b>Licensee Designee:</b>      | Megan Fry  |
| <b>Administrator:</b>          | Megan Fry  |
| <b>Name of Facility:</b>       | Prestige Centre II                                     |
| <b>Facility Address:</b>       | 5785 E Broadway<br>Mt. Pleasant, MI 48858              |
| <b>Facility Telephone #:</b>   | (989) 773-9421   |
| <b>Original Issuance Date:</b> | 11/02/2020   |
| <b>Capacity:</b>               | 20   |
| <b>Program Type:</b>           | PHYSICALLY HANDICAPPED<br>AGED<br>ALZHEIMERS           |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/20/2025

Date of Bureau of Fire Services Inspection if applicable: 01/10/2025

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: Z. Fisher, Regional Director

- 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. There are no personal funds on-site.
- 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 ☐  
al410 (5) - There was a variance from 1/28/22 for a former resident to sleep in his recliner, however, he no longer resides there and this variance was removed.

### 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 regular license to this AFC adult large group home (capacity 20).

*Jennifer Browning*

— Jennifer Browning  
Licensing Consultant

3/21/2025

\_\_\_\_\_  
Date