



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 10, 2025

Barbara Cadwell
8897 Reed Rd
CARP LAKE, MI 49718

RE: Application #: AF240418646
Cadwell's Riverside
8897 Reed Rd
Carp Lake, MI 49718

Dear Ms. Cadwell:

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 3 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) 356-0100.

Sincerely,

A handwritten signature in cursive script, reading "Adam Robarge".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF240418646
Licensee Name:	Barbara Cadwell
Licensee Address:	8897 Reed Rd CARP LAKE, MI 49718
Licensee Telephone #:	(231) 203-3647
Administrator/Licensee Designee:	N/A
Name of Facility:	Cadwell's Riverside
Facility Address:	8897 Reed Rd Carp Lake, MI 49718
Facility Telephone #:	(231) 203-3647
Application Date:	07/10/2024
Capacity:	3
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

05/23/2024	Comment Environmental Inspection Requested
07/10/2024	On-Line Enrollment
07/18/2024	PSOR on Address Completed
07/18/2024	Contact - Document Sent letter sent requesting status of already submitted app from 5/24
08/06/2024	Contact - Document Sent sent 1326/RI030 for 3x via email
09/04/2024	Contact - Document Received 1326/RI030
09/05/2024	Comment sent licensee an email that we need AFC100 for resp. person
09/13/2024	Contact - Document Received AFC100
09/13/2024	Inspection Report Requested - Health Inv 1034646
09/13/2024	File Transferred to Field Office
09/30/2024	Application Incomplete Letter Sent
10/15/2024	Inspection Completed On-site
04/14/2025	Contact - Document Received received some required documentation
04/24/2025	Contact - Document Received received remaining documentation
04/24/2025	Application Complete
04/24/2025	Inspection Completed-BCAL Full Compliance
06/13/2025	Contact – Document Received: medical clearance and TB test results for responsible person

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two-level house located in a rural setting outside of the town of Carp Lake, Michigan. The home has an attached garage, entry-way and laundry room when entering the home. The kitchen/dining room and living room are available for residents to use. There are three resident bedrooms available. Two of these bedrooms are located on the main floor. The third is located upstairs. The upstairs bedroom has a doorway leading to a deck with a stairway to the ground. The upstairs bedroom will be used for semi-independent residents. There is a kitchenette, shower and half-bathroom in the upstairs bedroom.

The boiler heating system is located upstairs. It is separated from the rest of the upstairs in a heating plant room. The boiler was inspected and serviced by Alexander's Plumbing and Heating on July 12, 2024. The boiler was reported to be in good working order at that time.

The facility has private water and a septic system. An Environmental Health Inspection was completed by the Emmet County Health Department on September 30, 2024. The home received an "A" rating at that time.

Fire drills will be practiced at least four times per year with at least two of the drills completed during sleeping hours. A record of the drills including the date and evacuation times will be maintained.

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

Bedroom	Room Dimensions	Total Square Footage	Capacity
#1	12' x 9	108 square feet	1 resident
#2	12' x 7'6"	90 square feet	1 resident
Upstairs bedroom	19' x 12'	228 square feet	1 or 2 residents

The kitchen/dining room measures 18 feet by 14 feet. The living room measures 21 feet by 11 feet, 6 inches. This provides the residents with a total of 493 square feet of living space which exceeds the 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 3 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 3 ambulatory or non-ambulatory male or female adults who are aged or who have a mental illness. Only ambulatory residents can use the upstairs bedroom.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A criminal history background check was conducted on the applicant and the responsible person. They have been determined to be of good moral character. The applicant and responsible person both submitted a statement from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with savings and retirement income.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for 3 residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 3-bed family home, there is adequate supervision with one responsible person on-site for 3 residents. The applicant acknowledges that the number of responsible persons on-site to

resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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) 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. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to establish the good moral character, suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents required to be maintained within each resident’s file.

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

The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.


The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in substantial compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 3).



07/10/2025

Adam Robarge
Licensing Consultant

Date

Approved By:



07/10/2025

Jerry Hendrick
Area Manager

Date