



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 5, 2025

Vashu Patel  
Hudson Country Manor Inc.  
10900 James Way  
Portage, MI 49002

RE: Application #: AL390412381  
**Hudson's Country Manor**  
**9842 Oakland Drive**  
**Portage, MI 49024**

Dear Mrs. Patel:

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 19 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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL390412381
<b>Licensee Name:</b>	Hudson Country Manor Inc.
<b>Licensee Address:</b>	10900 James Way Portage, MI 49002
<b>Licensee Telephone #:</b>	(269) 718-9040
<b>Licensee Designee:</b>	Vashu Patel
<b>Administrator:</b>	Vashu Patel
<b>Name of Facility:</b>	Hudson's Country Manor
<b>Facility Address:</b>	9842 Oakland Drive Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 718-9040
<b>Application Date:</b>	04/21/2022
<b>Capacity:</b>	19
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

04/18/2021	Inspection Completed-Fire Safety : A Completed for current license AL390292582 ok to use per A Manager
04/21/2022	On-Line Enrollment
05/31/2022	Contact - Document Received-rec'vd 1326, RI-030, and IRS Ltr
07/27/2022	Inspection Report Requested - Fire
07/27/2022	Contact - Document Sent-Sent Fire Safety String to applicant and BFS
09/28/2022	Application Incomplete Letter Sent to LD via email
11/15/2022	Contact - Document Sent-Reviewed current facility file for documentation. Sent email to LD with field app incomplete ltr indicating additional documentation needed.
02/22/2023	Contact - Telephone call received-Phone call from LD asking about onsite inspection. Informed her that due to the current license situation I would transfer the enrollment to consultant Ondrea Johnson so she was working with only one consultant rather than two.
09/25/2024	Inspection Completed: Fire Safety- A
11/05/2025	Contact-Documents Received-Facility Records/SC Application
02/11/2025	Contact - Document Received-LD/Facility records
02/28/2025	Application Complete/On-site Needed
02/28/2025	Inspection Completed On-site
03/05/2025	Confirming Letter Sent
03/27/2025	Inspection Completed On-site
03/27/2025	Confirming Letter Sent
07/30/2025	Inspection Completed On-site
07/30/2025	Inspection Completed: Env. Health- A by BCHS Consultant
08/02/2025	Inspection Completed-BCAL Full Compliance
08/04/2025	Inspection Completed: Fire Safety- A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility has been licensed as an adult foster care home since 2008 and is now undergoing a change in licensee or a change in ownership.

Hudson's Country Manor is a single-story wood-frame structure with an unfinished basement in the city of Portage. The home is located near restaurants, schools, parks, and Ascension Borgess Hospital Family and Immediate Care. The home has 11 resident bedrooms, 3 full resident bathrooms equipped with bathing facilities, a living room, kitchen, laundry room, staff office, and 2 dining areas. The basement of the home will be used for storage and residents will not have access to this area. The home is wheelchair accessible throughout and has at least two approved means of egress, with one exit equipped with a ramp and the other exit at grade. The home utilizes public water supply and sewage disposal system.

There are two gas furnaces and a water heater in the home. One gas furnace and water heater are located in the basement of the home equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware at the top of the stairs. The second furnace is located in a crawl space that requires entry from outside of the door. The two furnaces were inspected on 8/14/2024 by a licensed professional and determined to be fully operational.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Battery-powered, single-station smoke detectors have been installed near sleeping areas of the home, and near all flame- or heat-producing equipment and is fully sprinkled. Fire extinguishers are on each level of the home. On 8/04/2025, the facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' 3" x 11' 6"	175 sq ft	2
2	9' 1" x 13' 3"	120 sq ft	1
3	11' 5" x 12' 2"	139 sq ft	2
4	11' 8" x 12' 2"	142 sq ft	2
5	10' 2" x 14	142 sq ft	2
6	10' 2" x 9' 6"	97 sq ft	1
7	10' 2" x 9' 6"	97 sq ft	1

8	10'3 x 13'11"	142 sq ft	2
9	13' 6" x 11' 7"	156 sq ft	2
10	14' 10 x 11' 7"	172 sq ft	2
11	12' 4" x 11' 4"	140 sq ft	2

The indoor living and dining areas measure a total of 821 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 19 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 19 male and/or female residents who are aged, physically handicapped, mentally ill, developmentally disabled or related conditions. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Kalamazoo County DHHS, Kalamazoo CMH, Veterans Administration or residents with private sources for payment.

**If needed by residents**, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

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

**C. Applicant and Administrator Qualifications**

The applicant is Hudson's Country Manor, Inc., a "For Profit Corporation", established in Michigan. 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.

The Board of Directors of Hudson's Country Manor, Inc. has submitted documentation appointing Vashu Patel as licensee designee and administrator of the facility.

Criminal history background check of Vashu Patel was completed, and she was determined to be of good moral character to provide licensed adult foster care. Vashu Patel submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Vashu Patel have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Vashu Patel has experience working with aged, physically handicapped, mentally ill and developmentally disabled populations for over three years and has been the licensee designee and administrator for this adult foster care home under a different licensee since 2022.

The staffing pattern for the original license of this 19 bed facility is adequate and includes a minimum of 2 staff for 19 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the responsibility to obtain the required 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident

and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend the issuance of a six-month temporary license to this adult foster care family home with a capacity of 19 residents.



Ondrea Johnson  
Licensing Consultant

8/1/2025  
Date

Approved By:



08/05/2025

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Dawn N. Timm  
Area Manager

Date