



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 8, 2025

Cynthia McNiel
Castle Community Living, LLC
7018 Jefferson Rd
North Branch, MI 48461

RE: Application #: AS440419396
Castle AFC
325 W Castle Rd
Fostoria, MI 48435

Dear Cynthia. McNiel:

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 and special certification, 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(517) 648-8877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS440419396
Licensee Name:	Castle Community Living, LLC
Licensee Address:	7018 Jefferson Rd North Branch, MI 48461
Licensee Telephone #:	(810) 310-1135
Administrator/Licensee Designee:	Cynthia McNeil, Designee
Name of Facility:	Castle AFC
Facility Address:	325 W Castle Rd Fostoria, MI 48435
Facility Telephone #:	(810) 310-1135
Application Date:	04/07/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/07/2025	On-Line Enrollment
04/08/2025	Inspection Report Requested - Health Invoice#: 1035022
04/08/2025	PSOR on Address Completed
04/08/2025	Contact - Document Sent Forms sent.
04/24/2025	Contact - Document Received 1326/RI030 and AFC-100
04/24/2025	File Transferred to Field Office
05/15/2025	Application Incomplete Letter Sent
05/15/2025	Contact - Telephone call made I contacted Licensee regarding documentation.
07/23/2025	Inspection Completed – Env. Health: A
07/25/2025	Application Complete/On-site Needed
08/04/2025	SC-Application Received - Original
08/07/2025	Contact - Document Received AFC-100.
08/12/2025	Inspection Completed On-site
08/18/2025	Application Incomplete Letter Sent
09/03/2025	Inspection Completed On-site Documentation received/virtual
09/03/2025	Inspection Completed-BCAL Full Compliance
09/08/2025	PSOR on Address Completed No hits
09/08/2025	Recommend License Issuance
09/08/2025	SC Recommend-MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Castle AFC facility is a single story, vinyl ranch style home with a walk-out basement and a two-car garage located at 325 W. Castle Road, Fostoria, MI 48435. The home is in a country setting on 5.66 acres of land which offers ample front and rear yard space to be utilized by the residents. The home has a gravel driveway which has ample parking space for staff and visitors.

The home is owned by Licensee Designee Cynthia McNiel and her husband David McNiel. They have formed Castle Community Living LLC and have completed a lease agreement on the premises for the purpose of operating a licensed group home on the property. Cynthia McNiel Licensee Designee has given permission for LARA to inspect the property and the right to occupy as an Adult Foster Care home.

On 06/04/2025, Lapeer County Community Mental Health (LCCMH) provided a letter of intent regarding Castle Community Living, LLC, to contract with them to provide additional PC & CLS services to persons served by LCCMH.

There are 3 bedrooms, 2 bathrooms, a living room, dining room, kitchen, an office located off the kitchen, and a laundry room on the main level. The home also contains a finished walk-out basement. The open floor plan combines the living room and dining room which can accommodate the number of residents. The dining room allows seating for 6 residents. There is a wood deck located off the living room area accessible by a sliding glass door.

The first floor contains 3 bedrooms and 2 full bathrooms. Bedroom #1 is located on the North side of the home and has its own separate full bathroom, complete with tub, shower, sink and toilet. Bedrooms #2 and 3 are located on the South side of the home. There is a full bathroom, complete with a shower, sink and toilet located in the hallway between where bedrooms #2 and 3 are located. Both bathrooms are equipped with safety shower bars and an exhaust fan.

An environmental health inspection was conducted on 07/23/2025 at which time the facility met all applicable rules relating to environmental health and safety. The home has a private water supply and septic system.

There are 2 independent, unobstructed means of egress, leading to the outside of this home. The means of egress were measured at the time of the initial inspection and exceeded the 30-inch minimum width requirement. The first exit is located east end of the dining room area that leads to the front porch. The second exit is off the kitchen, laundry, office area of the home in the North facing exit door leading to the garage of the home. The exits are noted in the home's evacuation plan. The required exit doors are equipped with positive latching non-locking against egress hardware. There is a walk-out basement level in the home that is reached on the first floor by using the stairs

next to the garage exit, which is to be used recreationally and has a sliding glass door that exits out onto the level ground. An inspection was conducted on 08/12/2025 at which time the facility met all applicable rules relating to adult foster care licensing. The home is not wheelchair accessible.

The propane furnace and hot water heater are in the basement in a separate room with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of stairs that is constructed of materials that provide a 1-hour-fire-resistance rating. There is a wood-burning fireplace located in the living room that is functional. The heat producing equipment was inspected on 05/30/2025 by Hill Heating & Cooling, Inc., and deemed to be in safe working condition. The washer and dryer are located on the main floor in the room located off the kitchen which will also be the office to be utilized by staff. The dryer has a solid metal vent which is directly vented to the outside. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are located between the kitchen, dining area and downstairs across from the finance room. The licensee intends to keep the home's cleaning supplies in an area that is not accessible to residents.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1(NW)	13 x 15	195 sq. ft	2
#2(SW)	13 x 12	156 sq. ft.	2
#3(SE)	13 x 11	143 sq. ft.	2

The living and dining room areas measure a total of 528 square feet of living space. 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 (6)** residents. All bedrooms are suitable for single-occupancy and double occupancy if there is at least 3 feet of clearance between beds. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

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 (6)** male or female ambulatory adults, ages 25 to 65, whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Lapeer County Community Mental Health as

a referral source.

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 all transportation for medical appointments, Community Mental Health appointments and outings. Residents that attend a day program will be transported via Greater Lapeer Transportation Authority (GLTA). 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 Castle Community Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 01/14/2025. 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. Castle Community Living L.L.C. has submitted documentation appointing Cynthia McNeil as licensee designee and Jody McCoy administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-test negative results.

The licensee designee and administrator have 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 adequate and includes a minimum of 1 staff to 6 residents per shift. All staff will be awake during sleeping hours.

The applicant acknowledges 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 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),

L-1 Identity Solutions™ (formerly Identix ®), 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 the licensee can administer medication to residents. In addition, the applicant has indicated that 6 resident medications 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 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 acknowledges their 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 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 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 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

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

VI. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 3-6).

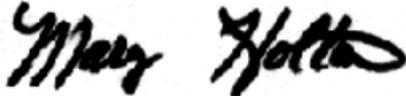


09/08/2025

Cynthia Badour
Licensing Consultant

Date

Approved By:



09/08/2025

Mary E. Holton
Area Manager

Date