



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 18, 2025

Meagan Frye  
A Place Called Home In Stevensville LLC  
4167 N. Roosevelt Rd  
Stevensville, MI 49127

RE: License #: AL110405928  
**A Place Called Home In Stevensville LLC**  
**4167 N. Roosevelt Rd**  
**Stevensville, MI 49127**

Dear Ms. Frye:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads 'Rodney Gill'.

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
[gillr@michigan.gov](mailto:gillr@michigan.gov)  
(517) 980-1433

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL110405928
<b>Licensee Name:</b>	A Place Called Home In Stevensville LLC
<b>Licensee Address:</b>	4167 N. Roosevelt Rd Stevensville, MI 49127
<b>Licensee Telephone #:</b>	(269) 876-6523
<b>Licensee Designee:</b>	Meagan Frye
<b>Administrator:</b>	Meagan Frye
<b>Name of Facility:</b>	A Place Called Home In Stevensville LLC
<b>Facility Address:</b>	4167 N. Roosevelt Rd Stevensville, MI 49127
<b>Facility Telephone #:</b>	(269) 281-0357
<b>Original Issuance Date:</b>	03/25/2021
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/18/2025

Date of Bureau of Fire Services Inspection if applicable: 03/19/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 12  
No. of others interviewed 1 Role: Licensee Designee

- 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.
- 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   
Licensee designee Meagan Frye has variances to use modified versions of the Assessment Plan for AFC Residents and Funds II Form.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



9/18/25

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Rodney Gill  
Licensing Consultant

Date