



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 27, 2025

WOLF RIVERS ASSISTED LIVING FACILITY, LLC  
118 W Adams St  
THREE RIVERS, MI 49093

RE: Application #: AS750418830  
Wolf Rivers  
118 W Adams St  
Three Rivers, MI 49093

Dear WOLF RIVERS ASSISTED LIVING FACILITY, LLC:

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 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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure



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

**I. IDENTIFYING INFORMATION**

**License #:** AS750418830

**Licensee Name:** WOLF RIVERS ASSISTED LIVING FACILITY, LLC

**Licensee Address:** 118 W Adams St  
THREE RIVERS, MI 49093

**Licensee Telephone #:** (269) 625-3228

**Administrator/Licensee Designee:** Stephanie Nelson

**Name of Facility:** Wolf Rivers

**Facility Address:** 118 W Adams St  
Three Rivers, MI 49093

**Facility Telephone #:** (269) 625-5565  
09/17/2024

**Application Date:**

**Capacity:** 6

**Program Type:** MENTALLY ILL  
AGED  
ALZHEIMERS



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## II. METHODOLOGY

12/18/2022	Application Complete/On-site Needed
09/17/2024	On-Line Enrollment
09/19/2024	PSOR on Address Completed
09/19/2024	Contact - Document Sent Forms sent.
10/15/2024	Contact - Document Received AFC-100
10/16/2024	Contact - Document Received 1326/RI030, AFC100 and IRS letter.
10/17/2024	File Transferred To Field Office
10/28/2024	Application Incomplete Letter Sent
01/14/2025	Inspection Completed On-site
01/14/2025	Inspection Completed-BCAL Sub. Compliance
01/24/2025	Contact - Document Received
01/27/2025	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is a single-story ranch home located in the city of Three Rivers approximately 3 miles from Three Rivers Hospital and a Meijer grocery store. Within one mile of the facility is the Calvery Missionary Bible Church, Hoffman's party store, a Marathon gas station and Bowman Memorial Park. The facility is in a quiet residential neighborhood and has off street parking for staff and visitors.

On the main floor there are two full bathrooms, living room, dinning room, kitchen and six resident bedrooms. Each of the six bedrooms are single, private resident rooms and resident bedrooms #5 and #6 have attached half bathrooms. The home has a crawl space instead of a basement that will not be used by the residents. The home also has an attached apartment that the residents will not use, however the licensee and her husband will reside in the apartment and will provide a portion of the direct care to the residents. The home is wheelchair accessible. The home utilized public water and sewage.

The hot water heater is located on the main floor, accessible on the outside of the home with a 1 3/4 inch solid core door, equipped with a self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' 7" X 20' 3"	217.21	1
2	13' 6" X 12' 6"	171.36	1
3	10' 4" X 14' 0"	145.6	1
4	13' 6" X 12' 6"	171.36	1
5	11' 7" X 11' 2"	131.04	1
6	13' 6" X 7' 6"	103.36	1

The living, dining, and sitting room areas measure a total of 362 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. 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/non-ambulatory adults whose diagnosis is aged, physical and developmental disability and mental health in the least restrictive environment possible.

The program was designed to enhance the quality of life for today's seniors. The program will include personalized care including assistance with activities of daily living, personalized adjustment, independent living skills, social interaction and community activities. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept referrals from local hospitals and other health care institutions and will accept private pay individuals.

If required behavior interventions and crisis interventions programs will be developed and identified in the resident's assessment plan. These interventions shall be implemented only by trained staff, and only with prior approval of the resident, guardian and the responsible party.

The licensee will provide transportation for program and medical needs through a facility vehicle or in some cases transportation will be provided through St Joseph County Transportation Services. 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's Qualifications**

The applicant is Wolf Rivers Assisted Living Facility, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 9/27/24. 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 members of Wolf Rivers Assisted Living Facility, L.L.C. have submitted documentation appointing Stephanie Nelson as Licensee Designee for this facility and Stephanie Nelson as the Administrator of the facility.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The administrator, Stephanie Nelson attend Bay Mills Community College and graduated in 1999. Ms. Nelson is an LPN and has 38 years of experience working in several health care facilities in addition to owning a home health care company that has provided in home care since 2016. In addition, Ms. Nelson's husband Jeremy Nelson also resides in the home and is a retired firefighter and medical first responder.

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. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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](http://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 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 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 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 record.

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 of the documents that are 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 resident's 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 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 their 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

The applicant was compliant 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 small group home (capacity 1-6).

*Nile Khabeiry, LMSW*

1/29/24

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Nile Khabeiry  
Licensing Consultant

Date

Approved By:

*Russell Misiak*

1/30/25

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Russell B. Misiak  
Area Manager

Date