



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 8, 2025

Dawn Clark
9805 N Lake Point Drive
Otter Lake, MI 48464

RE: Application #: AS250419772
Caring Heart
13485 Evergreen Dr
Otter Lake, MI 48464

Dear Dawn Clark:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250419772

Licensee Name: Dawn Clark

Licensee Address: 9805 N Lake Point Drive
OTTER LAKE, MI 48464

Licensee Telephone #: (810) 955-1945

Administrator: Dawn Clark

Name of Facility: Caring Heart

Facility Address: 13485 Evergreen Dr
Otter Lake, MI 48464

Facility Telephone #: (810) 545-0202

Application Date: 07/23/2025

Capacity: 6

Program Type: PHYSICALLY HANDICAPED
AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS

II. METHODOLOGY

07/23/2025	On-Line Enrollment
07/23/2025	PSOR on Address Completed
07/23/2025	Contact - Document Sent Forms sent.
08/07/2025	Contact - Document Received 1326/RI030
08/12/2025	File Transferred To Field Office
08/20/2025	Application Incomplete Letter Sent
09/16/2025	Inspection Completed On-site
09/30/2025	Inspection Completed On-site
10/03/2025	Inspection Completed-BCAL Sub. Compliance
11/04/2025	Inspection Report Requested - Health
11/04/2025	Inspection Completed On-site
11/07/2025	Inspection Completed-Env. Health : A
12/08/2025	Application Complete/On-site Needed
12/08/2025	Inspection Completed-BCAL Full Compliance
12/08/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Caring Heart AFC is located at 13485 Evergreen Dr., Otter Lake, MI. This home is located in Forest Township, within the County of Genesee.

The home is owned by Al Gorge. Al Gorge has given permission to operate an AFC home on the property.

This home is a single-level building, situated within a handicapped housing community, with similar style homes. With an open floor design, the kitchen is situated in the middle of the home, with a 4-bedroom layout. Each of the 4 bedrooms has their own private full bathroom, complete with a shower, sink and toilet. Each of the 4 rooms have their own

separate means of egress. Three bedrooms have their own private sitting/living room as well as a kitchenette, complete with a sink, microwave, Frigidaire and a 2-person dining table. The home also has a community living room/dining room combination area, to accommodate all the residents. There is also an office and ½ bathroom, both to be utilized only by staff.

This home utilizes private water and private sewer services. An Environmental Health Inspection was conducted by the Genesee County Health Department on 11/07/2025, at which time the facility met all applicable rules relating to environmental health and safety.

The washer and dryer are electric and located on the main floor. The dryer has a solid metal vent, which is directly vented to the outside.

The furnace and hot water heater are located outside, enclosed by a 1 ¾ inch solid core door, with a 1-hour fire resistance rating and is equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected on 02/27/2025 by the homes' owner, Al Sorge, who holds a Mechanical License, #71-03437, and deemed in proper working order. The home is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located throughout the home.

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

Location	Dimensions	Square Footage	Capacity
Bedroom #1	14'8" X 14'8"	215 sq. ft.	2
Bedroom #2	13'6" X 13'6"	182.5 sq. ft.	1
Bedroom #3	14'8" X 14'8"	215 sq. ft.	2
Bedroom #4	13'6" X 13'6"	182.5 sq. ft.	1
Total Capacity = 6 residents			

The living and dining room area measure a total of 237 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This facility is wheelchair accessible.

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.

Compliance with Rule 400.661, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The facility has five (5) separate and independent, ground level means of egress, to the outside. The means of egress were measured at the time of the initial inspection and exceeded the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.725. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.647, R 400.645, R 400.651, R 400.653, R 400.655 and R 400.665. Based on the above information, it is concluded that this facility can accommodate six (6) residents.

B. Program Description

The applicant, Dawn Clark, submitted a copy of the required documentation. 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 adults, ages 18-99, who are Physically Handicapped, Developmentally Disabled, Mentally Ill, Aged, and/or Alzheimer's.

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.

Dawn Clark will ensure that the residents' transportation for program and medical needs are met. Dawn Clark will provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, 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, Dawn Clark, 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.

Dawn Clark is the Licensee and Administrator for this facility. A licensing record clearance request was completed and approved for the licensee/administrator. The licensee /administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results. The

licensee/ administrator has 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 shall be awake during sleeping hours. The staffing must be adequate for the current needs of the residents.

The applicant acknowledges an understanding of the training and qualification 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 employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the 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 their responsibility to obtain all of 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 of the documents contained within each resident's file.

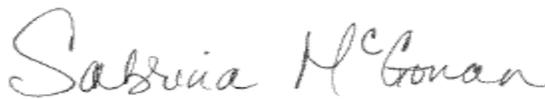
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

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



December 8, 2025

Sabrina McGowan
Licensing Consultant

Date

Approved By:



December 8, 2025

Mary E. Holton
Area Manager

Date