



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 14, 2026

Kristy Dumas
Family Crest Living LLC
1391 10th Road
Bark River, MI 49807

RE: Application #: AM210418762
Family Crest Living
400 South 10th Street
Escanaba, MI 49829

Dear Ms. Dumas:

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 12 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 (616) 356-0111.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems CAMP Office
150 Ottawa
Grand Rapids MI 48909
(906) 280-8531

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM210418762
Licensee Name:	Family Crest Living LLC
Licensee Address:	1391 10th Road Bark River, MI 49807
Licensee Telephone #:	(702) 579-5726
Administrator/Licensee Designee:	Kristy Dumas
Name of Facility:	Family Crest Living
Facility Address:	400 South 10th Street Escanaba, MI 49829
Facility Telephone #:	(702) 579-5726 08/22/2024
Application Date:	
Capacity:	12
Program Type:	AGED

II. METHODOLOGY

08/22/2024	On-Line Enrollment
08/23/2024	PSOR on Address Completed
08/23/2024	Contact - Document Sent Forms and fire letter sent.
08/23/2024	Inspection Report Requested - Fire
09/11/2024	Contact - Document Received AFC-100 for Admin Kristy.
09/12/2024	Application Incomplete Letter Sent
09/17/2024	Contact - Document Received RI030 and 1326 1326 and RI030
09/17/2024	File Transferred To Field Office
12/22/2025	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. PHYSICAL DESCRIPTION OF FACILITY

The facility is a large, three-story former funeral home built in 1905. It is located in the city of Escanaba. The upper level is a private apartment that is being rented and has a separate entrance. The property sits in a residential setting and is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. The building was purchased by Thomas and Jeremy Richer in 2024. There is also a letter on file from Ms. Dumas granting use of the property as an adult foster care facility.

The double story home has approximately 4800 square feet and has four handicapped accessible entrances. There are 9 approved bedrooms. The home has a full kitchen with a combined dining area. The kitchen was inspected by this consultant and found to be in compliance with environmental rules. There are 2 large living/recreational rooms and an outdoor area available for resident use. All nine bedrooms are located on the main level of the facility. There are two resident bathrooms which have full shower/tub facilities and two additional ½ bath. The facility is very neat, clean, and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	196 sq. ft.	Approved capacity 2
Bedroom #2	100 sq. ft.	Approved capacity 1
Bedroom #3	190 sq. ft.	Approved capacity 2
Bedroom #4	183 sq. ft.	Approved capacity 2
Bedroom #5	140 sq. ft.	Approved capacity 2
Bedroom #6	140 sq. ft.	Approved capacity 1
Bedroom #7	124 sq. ft.	Approved capacity 1
Bedroom #8	119 sq. ft.	Approved capacity 1
Bedroom #9	157 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 12 residents as requested on the application. The facility is fully equipped with the required furnishings, linens, and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The facility utilizes municipal water and sewer services. An internal environmental inspection was completed in the facility this consultant on 01/06/2026 noting full compliance with the applicable environmental rules.

The gas furnace and hot water heater are located in the garage.

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. Heat detectors are located in the kitchen and furnace room. Smoke detectors are located near the sleeping areas and near all flame or heat producing equipment. The facility was inspected by The Bureau of Fire Services and given full approval on 01/6/2025.

B. Program Description

The facility proposes to serve both male and female adults who are Aged. The admission policy, program statements, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. The home also provides Visiting Physicians as an option to residents. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Kristy Dumas, the licensee/administrator. Ms. Dumas submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Ms. Dumas has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 12-bed facility is adequate and includes a minimum of 2 staff per 6 residents on the awake-shift and 2 staff per 6 residents during the sleep shift.

The licensee acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will utilize the Michigan Long Term Care Partnership website (www.miltpartnership.org) to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

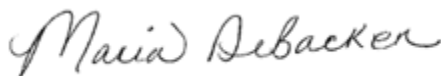
The licensee acknowledged their responsibility to obtain all the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

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 issuance of a temporary license to this AFC adult medium group home (capacity 7-12).

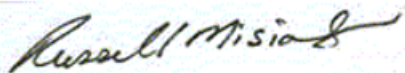


1/19/26

Maria Debacker
Licensing Consultant

Date

Approved By:



1/21/26

Russell B. Misiak
Area Manager

Date