



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 24, 2026

Josiah Mol
807 Witters Ct
Portage, MI 49024

RE: Application #: AF390419777
Sugarloaf Ranch
807 Witters Ct
Portage, MI 49024

Dear Josiah Mol:

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 4 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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF390419777
Applicant Name:	Josiah Mol
Applicant Address:	807 Witters Ct Portage, MI 49024
Applicant Telephone #:	(269) 716-8470
Administrator:	N/A
Licensee Designee:	N/A
Name of Facility:	Sugarloaf Ranch
Facility Address:	807 Witters Ct Portage, MI 49024
Facility Telephone #:	(269) 716-8470
Application Date:	07/23/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/23/2025	Enrollment
07/23/2025	Application Incomplete Letter Sent
07/23/2025	PSOR on Address Completed
07/23/2025	Inspection Report Requested – Health - Inv 1035216
07/23/2025	Contact - Document Sent - forms sent
07/29/2025	Inspection Completed-Env. Health : A
09/26/2025	Contact - Document Received
09/26/2025	Contact - Document Sent - requested AFC100 for Rachel
09/29/2025	Contact - Document Received
09/29/2025	File Transferred To Field Office
09/29/2025	Application Incomplete Letter Sent - Sent via email to licensee.
10/23/2025	Contact - Document Received - Received copy of deed.
10/24/2025	Inspection Completed On-site
10/24/2025	Inspection Completed-BCAL Sub. Compliance
10/24/2025	Contact - Document Received - Received the following: Responsible person medical clearance, dated 10/26/2025, TB dated on it for 04/01/2024, Written emergency procedures, Statement about not using interior fireplace.
10/27/2025	Contact - Document Received - Received picture verification of physical plant corrections.
11/11/2025	Contact - Document Received - Received approved electrical inspection dated 11/05/2025
11/24/2025	Contact – Document Sent - Emailed licensee and responsible person regarding update on training verification and policies, which are needed for licensing. I was informed these items were almost completed.
12/17/2025	Contact – Document Received - Homeschool diploma and training attestation forms.

01/05/2026	Contact - Document Received - Policies and procedures.
01/06/2026	Application Incomplete Letter Sent - Sent app incomplete ltr based on review of docs.
01/22/2026	Contact - Document Received - Received standard and routine policies and parts of an emergency preparedness plan.
01/24/2026	Application Incomplete Letter Sent – regarding review of documentation.
02/06/2026	Contact - Document Received - Layout and cpr/first aid training
02/09/2026	Contact - Document Received - Updated admission, refund, discharge policies.
02/09/2026	Contact - Document Received - updated emergency preparedness plans
02/10/2026	Contact - Document Received - Training verifications.
02/15/2026	Application Incomplete Letter Sent - Sent after review of the documentation.
02/17/2026	Contact - Document Received - updated layout
02/18/2026	Application Incomplete Letter Sent - regarding docs received
02/21/2026	Contact - Document Received - Organizational chart
02/23/2026	Contact - Document Received - Medication and communicable disease training.
02/23/2026	Application Complete/On-site Needed
02/23/2026	Inspection Completed-BCAL Full Compliance
02/23/2026	LSR Generated
02/23/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is an updated ranch style home with an attached 2 car garage. The facility is located within a wooded setting on a dead end road in the southern area of Portage, Michigan, approximately 500-600 feet from Sugarloaf Lake. The facility is an approximate 5-10 minute drive to local restaurants, department stores, parks, local entertainment, grocery stores and downtown Portage, Michigan. It is an approximate 5 minute drive to 131 Highway, 15 minute drive to I-94 Highway, and an approximate 25 minute drive to downtown Kalamazoo. There is ample parking in the facility's driveway and along the dead end road.

Due to the facility's location, it utilizes both private water and sewer, which were both inspected by Kalamazoo County Environmental Health Department on 07/29/2025 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The facility's deed warranty was submitted as proof of ownership confirming Josiah Mol as the legal owner.

There is an approximate 16'11" x 22'5" concrete patio on the front of the facility where the front door is located. The facility has two at grade means of egress, consisting of a front door and a rear door located at the end of the resident bedroom hallway. Doorways to the living room, dining area, bathrooms, and resident bedrooms are of sufficient width to allow residents using wheelchairs or other mobility devices to access these areas. Therefore, the facility is wheelchair accessible and able to accommodate residents who require the regular use of a wheelchair.

The facility is split into two living spaces as the applicant's bedroom, living, dining, and kitchen is on the left side of the facility while the residents' bedrooms, living and dining areas are on the right side of the facility. These two areas are separated with a door.

The facility's front door opens to the resident's dining and living areas. A half bathroom is off the dining room, which consists of a sink, toilet, and mechanical fan for ventilation. A walk in pantry is also located in the dining room. The facility's laundry room is located off the living room and consists of an electric washer and dryer. The facility's clothes dryer is vented to the outside using permanent metal duct work. The living room has a wood fireplace; however, the applicant documented the chimney has been "blocked off" and it is no longer used for burning wood or providing supplemental heat. The applicant documented the fireplace is used for decorative purposes only. All four resident bedrooms, a locked storage/medication room, and a bathroom comprised of a sink, toilet, walk in shower, and mechanical fan for ventilation are located in the hallway that extends off the living room. At the end of this hallway is the facility's second means of egress.

The applicant's side of the facility consists of a kitchen, living and dining room, two non-resident bedrooms, and a bathroom with a sink, toilet, shower/tub combination and mechanical fan for ventilation. The facility's basement is located off the applicant's living area. The basement is accessed by descending approximately three steps to a landing. On this landing is the facility's third means of egress leading to the outside. This means of egress is not wheelchair accessible. The basement stairs from the landing lead to two doors. The door on the left provides access to the facility's two car garage, and the door on the right provides access to the facility's unfinished basement.

The two gas furnaces, hot water heaters and water softener are located in the unfinished basement. A 1-3/4 inch solid core door in a fully stopped frame, equipped with automatic self-closing devices and positive latching hardware is located at the bottom of the basement stairs to create floor separation. The door providing access to the garage is also a 1-3/4 inch solid core door installed in a fully stopped frame and equipped with automatic self-closing devices and positive latching hardware.

The facility's furnaces, hot water heaters and AC units and electrical system were inspected on 10/01/2025 and 11/05/2025, respectively, and determined to be fully functioning and in good condition.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was inspected by a licensed electrician on 07/14/2025 and determined to be fully operational and in good condition. There are 13 smoke detectors installed throughout the facility including one in each sleeping area, outside each sleeping area, in each living room, laundry room and in the basement near the furnace. The facility also has 3 manual fire pull stations that when pulled will trigger an alarm. At least one 5 pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The facility's front and backyard are surrounded by a wooden fence; however, the applicant acknowledged an understanding the gate doors must not be locking against egress.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	7'7" x 12'10"	97 sq ft	1
2	7'7" x 12'10"	97 sq ft	1
3	7'7" x 12'10"	97 sq ft	1
4	7'7" x 12'10"	97 sq ft	1
Living/Dining room	24'1" x 22'7"	543 sq ft	N/A

The living, dining, and sitting room areas measure a total of 543 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory male residents, whose diagnosis is developmentally disabled and physically handicapped. Additionally, the applicant intends to provide care to residents with an autism diagnosis. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept private pay residents as a referral source; however, will consider other referral sources such as local Department of Health and Human Resources and Community Mental Health Agencies.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including parks, local entertainment, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

The applicant, Josiah Mol, has acknowledged sufficient financial resources to provide for the adequate care of the residents including cash in savings. The applicant acknowledges the department may request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal

course of business to demonstrate the provision of care and services for an Adult Foster Care facility.

Licensing record clearances were completed with no LEIN convictions recorded for either the applicant, Josiah Mol, or the direct care staff, serving as a responsible person, Rachel Mol. Both the applicant and the responsible person submitted medical clearances signed by their physicians documenting their good health, dated 07/03/2025 and 10/26/2025, respectively.

The applicant, Josiah Mol, was raised in a family home adult foster care facility for approximately nine years as his mother was a family home licensee who focused on providing care to residents with Alzheimer's and dementia. After turning 18 years old, Josiah Mol, worked the overnight shift in his mother's facility providing protection, supervision and personal care to the residents. Josiah Mol has been a registered Emergency Medical Technician (EMT) for the past five years. He also assisted in developing the Life Emergency Medical Service's (EMS) Behavioral Health Transport Program where he worked for approximately 1.5 years. This program transports patients experiencing behavioral and mental health issues from the hospital to psychiatric facilities and vice versa. Josiah Mol provided documentation of training in cardiopulmonary resuscitation (CPR), first aid, nutrition, knowledge of the needs of the population to be served, medications, safety and fire safety, prevention and containment of communicable diseases, and resident rights.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A direct care staff member shall be available to provide supervision in relief.

The applicant has indicated that for the original license of this 4 bed family home, there is adequate supervision with 1 direct care staff and/or licensee on-site for 4 residents. The applicant acknowledges that the number of direct care staff on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance. 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 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 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 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 recording each resident’s funds and itemized transactions including payment for services. The applicant acknowledges this document 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

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 six-month temporary license to this adult foster care family home with a capacity of four residents.



02/24/2026

Cathy Cushman
Licensing Consultant

Date

Approved By:



02/24/2026

Dawn N. Timm
Area Manager

Date