



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 6, 2026

Cari Ann Foerster
11366 Sarle Rd
Freeland, MI 48623

RE: Application #: AL560419216
Avielle Haven
2760 E Yoder Dr
Midland, MI 48640

Dear Ms. Foerster:

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 20 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) 356-0100.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL560419216
Licensee Name:	Cari Ann Foerster
Licensee Address:	11366 Sarle Rd Freeland, MI 48623
Licensee Telephone #:	(989) 798-6506
Administrator/Licensee Designee:	Cari Foerster
Name of Facility:	Avielle Haven
Facility Address:	2760 E Yoder Dr Midland, MI 48640
Facility Telephone #:	(989) 695-5200
Application Date:	02/11/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

02/11/2025	On-Line Enrollment
02/12/2025	PSOR on Address Completed
02/12/2025	Inspection Report Requested - Fire
02/12/2025	Inspection Report Requested - Health Invoice#: 1034912
02/12/2025	Contact - Document Sent Forms sent.
03/19/2025	Contact - Document Received 1 1326/RI030 and AFC100 and APP.
03/19/2025	Contact - Document Sent Sent an email to licensee for them to confirm if Robin is going to be a licensee.
06/05/2025	Contact - Document Sent Again sent an email to the licensee to get a confirmation is Robin is going to be a licensee or not.
06/05/2025	Comment This is an app changing from a AM to an AL.
06/05/2025	File Transferred To Field Office
07/07/2025	Inspection Completed-Env. Health : A
11/24/2025	Application Incomplete Letter Sent
01/22/2026	Inspection Completed On-site
03/31/2026	Inspection Completed-Fire Safety : A
04/03/2026	Inspection Completed On-site
04/03/2026	Application Complete/On-site Needed
04/03/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Avielle Haven is a raised ranch, wood with vinyl siding, built in 1989 with a new eight bed addition. There is a small crawl space under the building with access to plumbing fixtures. The facility is equipped with a handicapped accessible ramp at the front and rear exits of the building. The home has four double rooms and 12 single resident rooms. Nine of the single rooms have an attached bath. Additionally, there are 3 full baths and one-half bathroom for public use. There are two living areas, one full kitchen, two dining areas and a sunroom area. The facility has an oxygen storage area with one hour fire rated door. The facility is situated at the end of a country road with a large deck in the front and rear of the facility.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 3/31/26 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On 7/7/25 the home was inspected by the Midland County Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'X10'5"	148	2
2	14'X10'.5"	142	2
3	14'X10'2"	143	1
4	13'X8'10"	116	1
5	11'8"X13'	154	2
6	9'11"X13'2"	130	2
7	11'4"X13'2"	118	1
8	7'10"X10'6"	80	1
9	11'X12'	141	1
10	8'2"X17'4"	142	1
11	8'2"X17'4"	142	1
12	8'2"X17'4"	142	1
13	8'2"X17'4"	142	1
14	8'2"X17'4"	142	1

15	11'X12'	141	1
16	11'X12'	141	1

The living, dining, and sitting room areas measure a total of 2,288 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 20 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 20 male or female ambulatory or non-ambulatory adults who are aged or who are diagnosed with a physical handicap, those diagnosed with Alzheimer's disease in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

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.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's current adult foster care business.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health.

The applicant 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 20-bed facility is adequate and includes a minimum of 1 staff –to- 15 residents per shift during awake hours and 1 staff –to-20 residents during sleeping hours. All staff will be awake for 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 facilities 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 training suitability 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), 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 good moral character, medical and training 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 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

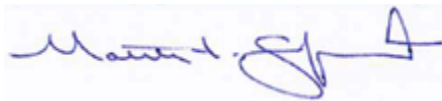
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 20).

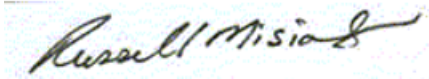


4/6/26

Matthew Soderquist
Licensing Consultant

Date

Approved By:



4/7/26

Russell B. Misiak
Area Manager

Date