GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 8, 2026

Dawn Hart
Meta-Care
423 W Dryden Rd
Metamora, MI 48455

RE: Application #: AS440418451
Meta-Care
423 W Dryden Rd
Metamora, MI 48455

Dear Dawn Hart:

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,

C. Garza

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS440418451
Licensee Name:	Meta-Care
Licensee Address:	423 W Dryden Rd Metamora, MI 48455
Licensee Telephone #:	(586) 372-0753
Administrator/Licensee Designee:	Dawn Hart
Name of Facility:	Meta-Care
Facility Address:	423 W Dryden Rd Metamora, MI 48455
Facility Telephone #:	(810) 529-3181
Application Date:	05/03/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

02/06/2024	Inspection Completed-Env. Health : B Refer to AM440418186
05/03/2024	On-Line Enrollment
05/06/2024	PSOR on Address Completed
05/06/2024	File Transferred To Field Office
06/13/2024	Application Incomplete Letter Sent
11/25/2024	Contact - Document Received Received licensing documents app
01/23/2025	Contact - Face to Face Discussed licensing process with licensee
03/07/2025	Inspection Completed On-site
03/07/2025	Application Complete/On-site Needed
04/01/2025	Contact - Document Sent Sent BCHS AFC 100 and BCAL 3704 for administrator and adult household members
06/03/2025	Inspection Report Requested - Health Invoice#: 1035113
05/08/2025	Contact - Document Received Received BCHS-AFC 100
06/17/2025	Inspection Completed-Env. Health : B
02/13/2026	Contact - Face to Face Meeting to discuss new enrollment
02/20/2026	Contact - Face to Face
03/02/2026	Inspection Completed On-site
04/07/2026	Contact - Document received High school transcript and work experience
04/20/2026	Inspection Completed-BCAL Full Compliance
05/07/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Meta-Care is a two-story facility with a basement and detached two-car garage. The exterior of the home is comprised of brick. The home consists of a living room, dining room, kitchen, sitting room, an office area, five resident bedrooms, two full bathrooms, half bathroom, licensee designee bedroom, and laundry area located on the main floor. The upstairs has 6 additional rooms and two full bathrooms. No residents will reside upstairs, and the licensee designee's family occupies the upstairs area. The facility is wheelchair accessible. The facility is owned by Rose Michael Properties, and permission was granted for inspection of the home. There is a lease agreement between Meta-Care and Rose Michael Properties.

There is a furnace and water heater on the main floor of the home that are covered by a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware which are constructed of material that has a 1-hour-fire resistance rating. There is a furnace and water heater in the basement of the home with at least 1-3/4-inch solid core door with an automatic self-closing device to create floor separation. A furnace inspection and approval were completed on November 13, 2025. The facility is equipped with a smoke detection system. The smoke detectors are all hard-wired into the home's electrical system with battery back-up and are in all sleeping and living areas. The facility has well water and septic system. The health department conducted an inspection on June 17, 2025, and provided a B rating. The B rating was due to a tree being planted on top of the septic field which has been removed.

There are five resident bedrooms located on the main floor of the home. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	14'6" x 10'4"	150	1
Bedroom 2	17'8" x 10'	177	2
Bedroom 3	15' x 10'1"	151	1
Bedroom 4	13'7" x 9'5"	128	1
Bedroom 5	13'6" x 19'1"	258	1

The living room, dining room, and sitting room areas measure a total of 658 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 home has two (2) separate and independent means of egress to the outside. 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 home has fire extinguishers, which meets the requirements of R 400.723. The bedrooms have the proper means of egress as required by R 400.725. The interior of the home 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 400.717, R 400.719, and R 400.721.

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

The facility has the capacity to provide 24-hour supervision, protection, and personal care for up to six male and/or female residents aged 50 and over, that are aged or physically handicapped. Residents will receive social and emotional support, positive guidance, supervision, and protection, from dedicated, compassionate, and honest staff. The facility will provide a clean and caring environment enabling the residents to live, learn, and grow as individuals. Facility staff will meet the basic needs of everyone, as well as those who require more individualized attention. Residents will be provided and encouraged to participate in social activities and events.

C. Applicant and Administrator Qualifications

Meta-Care is the applicant, and Dawn Hart has been assigned as the licensee designee and administrator of the facility. A criminal history background check was completed for Licensee Designee Hart, and she has been determined to be of good moral character. Licensee Designee Hart submitted a statement from a physician documenting good health and a current TB test with negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) residents will be the responsibility of the applicant 24 hours a day, 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1 direct care staff on-site for six (6) 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 acknowledges an understanding of the training and qualification requirements for the staff or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents, 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 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required training, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee’s file.

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 volunteers and the retention schedule for all of the documents contained within the 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 discharge written 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 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 of an accident involving 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 to document the date and amount of the adult foster care service fee paid each month and all the residents' personal money transactions that have been agreed to be managed by the applicant.

D. Rule/Statutory Violations

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

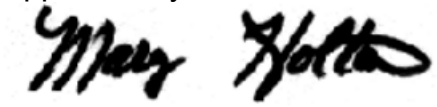
IV. RECOMMENDATION

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

5/7/2026

Christina Garza — Date
Licensing Consultant

Approved By:



5/8/2026

Mary E. Holton — Date
Area Manager