GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 16, 2026

Shari Teneyuque
Sun Rayes LLC
2999 Van Geisen Rd
CARO, MI 48723

RE: Application #: AS790419971
Nana's Nest
3060 Van Geisen Rd
Caro, MI 48723

Dear Shari Teneyuque:

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,

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS790419971
Licensee Name:	Sun Rayes LLC
Licensee Address:	2999 Van Geisen Rd Caro, MI 48723
Licensee Telephone #:	(989) 325-8377
Administrator/Licensee Designee:	Shari Teneyuque
Name of Facility:	Nana's Nest
Facility Address:	3060 Van Geisen Rd Caro, MI 48723
Facility Telephone #:	(989) 673-7360
Application Date:	10/08/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODOLOGY

10/08/2025	On-Line Enrollment
10/10/2025	Inspection Report Requested - Health Invoice#: 1035391
10/10/2025	PSOR on Address Completed
10/10/2025	Contact - Document Sent Forms sent.
10/28/2025	Inspection Completed-Env. Health: A
11/06/2025	Contact - Document Received 1326/RI030
11/06/2025	File Transferred To Field Office
12/08/2025	Application Incomplete Letter Sent
03/23/2026	Inspection Completed-Env. Health: A
05/13/2026	Application Complete/On-site Needed
05/15/2026	Inspection Completed On-site
05/15/2026	Inspection Completed-BCAL Full Compliance
06/16/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Nana's Nest is an older, 1.5 story home located in Caro, Michigan which is in Tuscola County Michigan. This home has been previously licensed originally as a small Adult Foster Care Group Home since 11/03/1999 as Agape Care Systems Inc. This property is owned by Carl Schultheis who is the surviving spouse of the previous co-owner, Clara Schultheis. This brick home was built on a basement and has a main level. The main level of the home consists of a living room, family room, dining room, kitchen, 2 full bathrooms and five bedrooms. This home has a wheelchair ramp at the front of the house, and a ground level entrance/exit from the garage, which is on the West side of the home, making this home wheelchair accessible.

Nana's Nest is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. This home has a private well and septic tank, which was most recently inspected and approved by an Environmental Health Specialist on 03/23/2026. The Geo Thermal furnace and hot water heater were both inspected and approved on 03/26/2026 by a licensed HVAC company. In the case of a power outage, they will manually switch to their Boiler System which was also inspected and approved on 03/26/2026.

The main floor of the facility consists of a living room (18’3 x 15’4), near the front entrance of the home, a family room (17’7 x 13’2), and dining room/kitchen (17’5 x 13’10) for a total of 752.44 square footage of space in the common areas of the home. There are four (4) single resident bedrooms located on the main floor, as well as one (1) double occupancy resident bedroom. There are also three (3) full bathrooms on this level, one of which is located in the double occupancy bedroom and the other two are accessible in the East and West side of the home respectively.

The second floor of the home consists of two employee bedrooms and a full bathroom and shall be utilized by live-in staff. Residents will not be permitted in this area.

The entrance to the walkout basement is located in North side of the home and will not be a licensed area for the residents. It is comprised of an office for Nana’s Nest, as well as a bedroom, full bathroom that may be utilized for the Licensee Designee and features a laundry room for the residents.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13’1 x 11’10	154.82 sq. ft.	1
2	10’6 x 11’10	124.25 sq. ft.	1
3	10’3 x 12’10	131.54 sq. ft.	2
4	13’2 x 13’10	182.14 sq. ft.	1
5	10’11 x 12’1	131.91 sq. ft.	1

Based on the above information, it is concluded that this facility can accommodate twelve (6) 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. Shari Teneyuque intends to provide 24-hour supervision, protection and personal care to six (6) unisex adults over 18 years of age whose diagnosis is Developmentally Disabled,

Mentally Impaired, Physically Disabled, Alzheimer's and Aged or who require foster care due to being of advanced age, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred to by local agencies or private individuals.

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 designee will ensure that transportation for programs and medical needs is provided. 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

Applicant is Sun Rayes LLC, and Shari Teneyuque will be the licensee designee and administrator of this facility. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

A licensing record clearance request was completed with no lien convictions recorded for Shari Teneyuque. Shari Teneyuque also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of one staff to 6 residents per shift. Live-in staff are available and will awake during sleeping hours.

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), 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 her 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 her 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 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 her 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 her 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 her 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 applicant acknowledges her 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 her 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

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

06/16/2026

Anthony Humphrey — Date
Licensing Consultant

Approved By:

06/16/2026

Mary E. Holton — Date
Area Manager