GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 24, 2026

Kimberly Nolan
Progressive Alternatives, Inc
P.O. Box # 20054
Kalamazoo, MI 49019

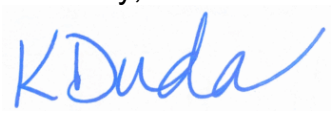
RE: Application #: AS800419968
Countryside Home LLC
36681 M 40
Paw Paw, MI 49079

Dear Applicant,

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 (616) 356-0183.

Sincerely,



Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800419968
Applicant Name:	Progressive Alternatives, Inc
Applicant Address:	400 S. Second Street Kalamazoo, MI 49019
Applicant Telephone #:	(269) 207-0091
Administrator/Licensee Designee:	Kimberly Nolan
Name of Facility:	Countryside Home LLC
Facility Address:	36681 M 40 Paw Paw, MI 49079
Facility Telephone #:	(269) 207-0091
Application Date:	10/08/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/08/2025	Enrollment
10/08/2025	PSOR on Address Completed
10/08/2025	Inspection Report Requested - Health Invoice#: 1035389
10/08/2025	Application Incomplete Letter Sent 1326/RI030
10/08/2025	Contact - Document Sent Forms sent.
10/23/2025	Contact - Document Received 1326/RI030
10/23/2025	Comment FP sent to Ashley.
10/23/2025	Comment FP back from Ashley.
10/23/2025	File Transferred To Field Office
11/03/2025	Application Incomplete Letter Sent Emailed to Licensee.
11/10/2025	Application Incomplete Letter Sent Mailed to licensee.
11/14/2025	Contact - Document Received Proof of Ownership, Proof of LLC, Floor Plan, Medical Clearance, Admission Policy, Program Statement, Employee Handbook/Personnel Policy, Job Description, Emergency Evacuation Plan, Job Descriptions, Financial Agreement, and Independent Contractor Agreement.
01/12/2026	Contact - Document Received Mechanical Inspection Report
01/12/2026	Inspection Completed On-site
01/12/2026	Inspection Completed-BCAL Full Compliance
03/27/2026	Contact – Documents Requested
04/02/2026	Contact – Documents Requested and Received

05/26/2026	Contact – Documents Requested
06/16/2026	Contact – Documents Received – Resume

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in Paw Paw, MI in a rural area north of I-94 and offers a countryside view. The facility is approximately five miles away from shopping areas, multiple restaurants, and Bronson LakeView Hospital. Parking is available on the long driveway leading up to the facility.

Due to the facility's location, it utilizes both private water and sewer. An environmental health inspection was completed by the Van Buren Health Department on 10/14/25 and determined to be in substantial compliance with all application environmental health and safety rules.

The applicant owns the facility and provided tax documentation to verify ownership under Progressive Alternatives, Inc.

The facility is a 2200 square-front ranch-style house with an attached two car garage. The facility has multiple means of egress which includes the front door, door in the laundry room, door near the basement, and an additional door leading to the garage which also has a door that leads outside. The facility does not have wheelchair ramps, therefore, the facility is not wheelchair accessible and cannot accept residents who require regular use of a wheelchair.

The main floor of the facility contains four resident bedrooms, two full bathrooms, living room, small family room, dining room, kitchen, and laundry room with a washer and dryer. The facility's clothes dryer is vented to the outside using permanent metal duct work. Within the living room, there is a door that leads to an unfinished basement that contains a gas furnace and water heater. The door leading to the basement is 1 ¾ inch solid core door in a fully stopped frame, equipped with a self-closing device, and positive-latching hardware. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

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 interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 1/6/26 and determined to be fully operational and in good condition. Smoke detectors are in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6" x 15'	249	1
2	12' x 11'6"	140	1
3	12' x 11'6"	140	1
4	16' x 11'1"	177	1

The living, dining, and sitting room areas measure a total of 625 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 **six** (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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) both male and female ambulatory adults whose diagnosis is traumatic brain injury and physically handicapped in the least restrictive environment possible.

Progressive Alternatives offers comprehensive and multifaceted Residential services for people with acquired brain injury and/or other catastrophically acquired disability, including spinal cord injury and multiple trauma/orthopedic/mental health conditions. Progressive Alternatives offers residential rehabilitation services, nursing, and attendant care. Residential services are offered when the person served is

interested in receiving services in a licensed home. Only individuals over 18 years old are served. The persons served may also participate in outpatient/day/vocational programs in the community. The intended discharge and transition environments include successful living in residential settings with opportunity to progress to home with family or other supports, and semi-independent living environments with successful participation in the community. Services may be short term or long term. Long term clients will have their program reviewed annually through regularly scheduled team meetings or as needed when there is a change in condition or performance.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, medication administration, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills.

Recreational services are provided in the home, community, or at a local gym and focus on leisure skill development, community participation, and inclusion. These services are coordinated with community resources to best fit the needs of everyone served.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement, but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Rule/Statutory Violations

The applicant is Progressive Alternatives, Inc., which is a "For Profit Corporation" which was established in Michigan in July 1993. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents.

The Board of Directors of Progressive Alternative, Inc. have submitted documentation appointing Kimberly Nolan as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee/licensee designee/administrator. The applicant submitted a medical clearance with a statement from a physician documenting they are in good health, dated 10/10/25.

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

The applicant, Kimberly Nolan, has extensive experience serving this population. The applicant's education experience includes Bronson School of Nursing at Western Michigan University, American Rehabilitation Nurses Association, Graduate Registered Nurse Undergraduate, and a certificate in rehabilitation nursing. She opened her first adult foster care home in 1993 and continues to provide specialty residential services and home-based rehabilitation services for other licensed facilities. The application also has previous experience in the medical field as she was part of an interdisciplinary rehabilitation team at Bronson Hospital and provided home health care for the elderly and those with traumatic brain injuries.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will or will not be awake during sleeping hours (ensure this matches their program statement).

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 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 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 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 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.

D. Rule/Statutory Violations

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

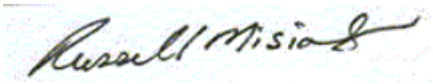
IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home for a capacity of 6 residents.

6/24/26

Kristy Duda — Date
Licensing Consultant

Approved By:



6/25/26

Russell B. Misiak — Date
Area Manager