GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 24, 2026

Bethany-Ann Schott and Thomas Schott
5410 N 345 E
Fremont, MI 46737

RE: Application #: AL300420317
The Haven
423 W. McCallum St
Montgomery, MI 49255

Dear Bethany-Ann Schott and Thomas Schott:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Dwight Forde, 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 #:	AL300420317
Applicant Name:	Bethany-Ann Schott and Thomas Schott
Applicant Address:	5410 N 345 E Fremont, MI 46737
Applicant Telephone #:	
Licensee:	Bethany-Ann Schott and Thomas Schott
Administrator:	Thomas Schott
Name of Facility:	The Haven
Facility Address:	423 W. McCallum St Montgomery, MI 49255
Facility Telephone #:	(517) 398-4424
Application Date:	02/18/2026
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

11/21/2025	Inspection Completed-Fire Safety : A From AL300077696
02/18/2026	Enrollment
02/18/2026	PSOR on Address Completed
02/18/2026	Inspection Report Requested - Health Invoice#: 1035638
02/18/2026	Application Incomplete Letter Sent 1326/RI030 x2
02/19/2026	Contact - Document Sent Forms sent to Licensee address. Inspection sent out via email on 02/18/26.
03/17/2026	Contact - Document Received 1326/RI030 x2.
03/17/2026	Comment Fp x2 Sent to Ashley.
03/18/2026	Comment FP back from Ashley no FP for Bethany was found.
03/18/2026	Contact - Document Sent 2nd AppInc letter set via mail for 1326/RI030 from Bethany.
03/25/2026	Comment FP for Bethany -Ann Ruth sent to Ashley again.
03/25/2026	File Transferred To Field Office
03/31/2026	Application Incomplete Letter Sent

05/04/2026	Inspection Completed-Env. Health : A
06/01/2026	Application Complete/On-site Needed
06/08/2026	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Facility Location and Neighborhood Overview:
The facility is a large two-story building with exterior vinyl siding in the Village of Montgomery. While it is in a rural setting there is a general store nearby. Montgomery is close to the much larger city of Coldwater with wider access to shopping, dining and medical care.

The facility has a private well and an environmental health inspection was completed on 05/04/2026 with an A-Rating. A private vendor with weekly pickup provides garbage disposal.

Ownership and Inspection Authorization Section:
The facility is owned by Bethany Schott and a copy of the deed was provided and placed in the facility folder. The owner provided the department with permission to inspect the facility.

Description of Facility, Layout, and Interior/Exterior Arrangement:
There are two doors at the front of the property facing the street that are the primary means of egress. There are three resident bedrooms on the first floor as well as one half bathroom with a toilet and sink. Aside from the living room, there is a sitting room, dining room and kitchen. There are 8 resident bedrooms on the second floor as well as two full bathrooms with tubs, sinks and toilets. There are two fire escapes that descend to the outside

The living room is adequately furnished, and the dining room is spacious enough to accommodate family style seating. Off the dining room is a very large kitchen that contains all the necessary appliances for providing meals to the residents. Off the

kitchen area is a large food storage room that has its own exit for deliveries. Immediately across from the dining room is a medication dispensing room where all resident medications will be stored and locked.

The facility has a basement that is separated from the main floor by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The staircase has a handrail for support. The basement contains the furnace and water heater that were both inspected by licensed contractors. The basement area will not be used for resident activities. During the onsite inspection it was noted that there were no items stored near the heating plant.

The furnace, water heaters and central air system were inspected on 07/13/2026 by Cliff and Sons Heating and Cooling and determined to be in good condition. The electrical systems and interconnected smoke detections were inspected on 11/10/2025 by EPS Security and determined to be fully operational and in good condition. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement. Smoke detectors are located 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.

On 11/21/2025, the Bureau of Fire Services conducted an inspection and issued an A-Rating.

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’ X 12’ 6”	175	2
2	14’ X 14’	196	2
3	14’ X 14’	196	2
4	10’ X 12’	120	1
5	10’ X 12’	120	1
6	14’ 3” X 15’ 6”	220	2
7	14’ 3” X 15’ 6”	220	2
8	14’ 3” X 15’ 6”	220	2
9	14’ 3” X 15’ 6”	220	2
10	14’ X 12’ 3”	171	2
11	14’ X 14’	196	2

The living, dining, and sitting room areas measure a total of 1000 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 twenty 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 up to 20 male and female ambulatory and/or non ambulatory adults whose diagnosis is mentally ill and developmentally disabled in the least restrictive environment possible.

According to the program statement: “The purpose of our home is to provide a homelike setting that is the least restrictive environment possible that will help the social and psychological growth of the people in this home.” It is the goal of the facility to help the residents become as self-sufficient as possible and to meet their needs in a dignified and humane manner.

The applicant intends to accept residents from private sources, the Department of Health and Human Services as well as community mental health agencies.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement.

The applicant will make provisions for a variety of leisure activities. The applicant intends to facilitate resident enhancement by partnering with community mental health, offering links to programming such as Key Opportunities.

C. Applicant and Administrator Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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.

A licensing record clearance request was completed with no LEIN convictions recorded for Bethany and Thomas Schott. The licensees submitted medical clearances with a statement from a physician documenting their good health, dated 01/20/2026. On 2/17/2026, Mr. Schott submitted a clearance as the administrator.

The licensee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. and Mrs. Schott have been assisting in the facility for the past year on a voluntary basis. Mrs. Schott is related to the original owner of the facility and has been having contact with residents in the facility since childhood. Both have been using the training toolbox on the bureau website as well. Mrs. Schott has certification in culinary arts and Mr. Schott brings with him a construction background.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of one staff to 15 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 be awake during 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 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 residents 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.

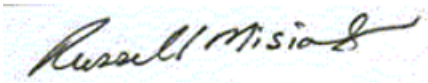
IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

7/24/26

Dwight Forde Date
Licensing Consultant

Approved By:



7/24/26

Russell B. Misiak Date
Area Manager