GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2026

Paula Reames
2330 Riverwood Drive
Twin Lake, MI 49457

RE: Application #:	AS610420353 Families Manor South 2743 S Riverwood Dr Twin Lake, MI 49457

Dear Ms. Reames:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610420353
Licensee Name:	Paula Reames
Licensee Address:	2330 Riverwood Drive Twin Lake, MI 49457
Licensee Telephone #:	(231) 206-0358
Administrator/Licensee Designee:	Paula Reames
Name of Facility:	Families Manor South
Facility Address:	2743 S Riverwood Dr Twin Lake, MI 49457
Facility Telephone #:	(231) 888-4617
Application Date:	02/25/2026
Capacity:	6
Program Type:	Aged

II. METHODOLOGY

02/25/2026	On-Line Enrollment
02/25/2026	On-Line Application Incomplete Letter Sent 1325, RI030, AFC100, IRS Letter req'd
02/27/2026	Contact - Document Sent forms sent
04/03/2026	Contact - Document Received 1326/RI030 rec'd
04/06/2026	Contact - Document Received AFC100 Rec'd
04/08/2026	File Transferred To Field Office
04/09/2026	Application Incomplete Letter Sent
05/07/2026	Contact - Document Received P. Reames re: paperwork.
05/21/2026	Inspection Completed On-site
06/08/2026	Contact - Document Sent D. Trierweiler re: Environmental Health Inspection.
06/08/2026	Inspection Report Requested - Health
06/09/2026	Contact - Document Received Docs received for facility file.
06/22/2026	Contact - Document Received Docs received for facility file.
07/07/2026	Contact-Document Received Applicant, P. Reames notified me that EH inspection was conducted.
07/07/2026	Environmental Health Inspection completed.
07/16/2026	Contact-Document Sent Dana Trierweiler and Brandi Kolasa, LARA, Lansing re: EH report.
07/21/2026	Contact-Document Sent

	D. Trierweiler re: EH report status.
07/23/2026	Contact-Telephone call made Adam Rosema, Muskegon Co. Health Dept. re: EH inspection report status.
07/27/2026	Contact-Telephone call made Patrick Curran, MPHD, re: EH report status.
07/28/2026	Contact-Document Received Email from. A. Brummitt, Environmental Health Inspection report received in LARA-BCHS office. A. Brummitt input into system.
07/30/2026	Recommend License Issuance
07/30/2026	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This ranch style home located in Dalton Township/Twin Lake, in a rural residential neighborhood of similar built homes, is off River Road and not far from M120. M120 is a busy road that has many gas stations, convenience stores, fast food and sit-down restaurants and stores for groceries and other shopping needs. An urgent medical care facility is located on M120 a short drive from the facility. The facility was an AFC home prior to this license; the facility is laid out well for an AFC home and has a large driveway for parking for staff and visitors.

The facility is all on one floor and does not have a lower level or an upstairs. The facility is wheelchair accessible and the facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces. The facility has three approved means of egress from the first floor located at the front door, the back door off the living room and the door at the end of the resident room hallway. All exit doors lead outside the facility onto flat ground.

The layout of the facility is optimal for an AFC home, as you enter the front door, you step into the living room, beyond the living room is another living area, dining room, kitchen, office and laundry room that has an electric powered washer and dryer, the clothes dryer is vented to the outside using permanent metal duct work. There is a long hallway off the second living area that has four (4) resident rooms, a half bathroom and a full bathroom both for residents' use. The heat plant room consisting of a gas furnace and hot water heater is in what used to be the facility's garage now renovated into live in staff quarters. The heat plant room has a 1-3/4-inch solid core door equipped with an

automatic self-closing device and positive latching hardware. One 5-pound multi-purpose fire extinguisher or equivalent is located on the main (only) occupied floor.

The furnace and electrical system were inspected on 04/09/2026 and 04/09/2026 by licensed Do It All Dusette, LLC, and both were determined to be in good condition and function properly.

The facility does not have a fireplace or portable heating units. The applicant acknowledges that all portable heating units used must follow and comply with R 400.729(4), which includes 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. The system was inspected on 04/09/2026 and was determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, living rooms, and in areas that contain flame or heat producing equipment.

The facility's front and backyard are surrounded by a chain link fence however; the applicant acknowledged an understanding the gates must not be locking against egress, and the applicant acknowledged the fence is not equipped with a lock.

Due to the facility's location, it utilizes both private water and sewer, which were both inspected by Muskegon County Department of Public Health on 07/07/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The applicant owns the property, and a copy of deed has been received and reviewed. The applicant acknowledges and agrees that LARA BCHS Licensing Consultants are allowed to inspect the property for the purpose of licensing this as an AFC facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.83X10.83	161	2
2	10.83X14.75	160	2
3	10.75X15.42	166	1
4	10.83X15.42	167	1

The living, dining, and sitting room areas measure a total of 633 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 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, and 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** male and female, ambulatory *AND/OR* non ambulatory adults whose diagnosis is aged in the least restrictive environment possible.

The program will promote a safe, loving, nurturing, peaceful and healthy environment for the physical and emotional need of the elderly residents. The goal of the program is to assist the residents in obtaining their highest level of health in functioning while preventing deterioration. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs.

The applicant intends to accept residents from programs or agencies working with the aged populations such as senior waiver programs, private pay individuals, and word of mouth, as referral sources.

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 opportunities.

C. Applicant and Administrator Qualifications Individual Applicant:
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 Paule Reames, the Licensee Designee. The licensee designee submitted a medical clearance with a statement from a physician documenting the licensee designee's good health, dated 01/16/2026 and 04/23/2026.

The administrator, Paula Reames also submitted a medical clearance with a statement from a physician documenting Ms. Reames' good health, dated 01/16/2026 and

04/23/2026 and verification that Ms. Reames has a baseline screening for communicable diseases and records of illness on hiring.

The licensee and administrator, Ms. Reames, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant has several years of experience as an adult foster care licensee and administrator with direct care experience serving the elderly population. Ms. Reames owns another AFC home and has operated that home successfully for many years. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

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 not 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 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.

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.

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.

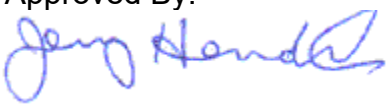
IV. RECOMMENDATION

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

07/30/2026

Elizabeth Elliott, Licensing Consultant Date

Approved By:



07/30/2026

Jerry Hendrick, Area Manager Date