



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 15, 2025

Shannan Van Houten
29601 Amerihost Drive Opco LLC
4500 Dorr Street
Toledo, OH 43615

RE: Application: AL140419537
Forest Glen Assisted Living
29601 Amerihost Drive
Dowagiac, MI 49047

Dear Ms. Van Houten:

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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at **(517) 335-5985**.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

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

enclosure



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

I. IDENTIFYING INFORMATION

License #: AL140419537

Licensee Name: 29601 Amerihost Drive Opco LLC

Licensee Address: 4500 Dorr Street
Toledo, OH 43615

Licensee Telephone #: (419) 247-2800

Administrator/Licensee Designee: Kelsey Kline/Shannan Van Houten

Name of Facility: Forest Glen Assisted Living

Facility Address: 29601 Amerihost Drive
Dowagiac, MI 49047

Facility Telephone #: (269) 782-5300
05/09/2025

Application Date:

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS



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II. METHODOLOGY

08/01/2024	Inspection Completed-Fire Safety : A See AL140412989
05/09/2025	On-Line Enrollment
05/12/2025	Contact - Telephone call made Appears this could be for a renewal and not a new application. Waiting for a call back from Licensee to confirm.
05/13/2025	Contact - Telephone call received It has been confirmed that the enrollment is due to a licensee change.
05/13/2025	PSOR on Address Completed
05/13/2025	Contact - Document Sent Forms sent.
05/19/2025	Contact - Document Received
05/19/2025	File Transferred To Field Office
05/28/2025	Application Incomplete Letter Sent
09/05/2025	Contact - Document Received Enrollment documentation received
09/08/2025	Contact - Document Received Documents received for enrollment for appointment of LD
09/11/2025	Application Complete/On-site Needed
09/12/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS AND CONCLUSIONS

A. Physical Description of Facility

Forest Glen Assisted Living is located at 29601 Amerihost within Branch County. The home is currently licensed and operating in good standing at this time of change in ownership. The home is a large single-story home. The home is comprised of two resident bedroom wings with ten bedrooms on each wing. The home also contains a large dining room, common use area, commercial kitchen, resident kitchenette, laundry room and a bath/shower/whirlpool room. There are two types of resident bedrooms (some include an additional living room) and all have an attached full bathroom. Some rooms include a small kitchenette, microwave, mini refrigerator, and a sliding glass door that exits to a small patio. All bedrooms feature spacious closets and large windows. The home is wheelchair accessible and has two approved means of egress that accommodate wheelchairs. The home uses public water and sewage systems.

The gas furnace and hot water heater are located on the main level of the home. The furnace room is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The home is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. This twenty-bed home is equipped with an approved pull station alarm system and a sprinkled system installed throughout 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
1	15' 7" X 18' 10"	293.49	1
2	16' 10" X 15' 6"	260.92	1
3	15' 4" X 12' 10" 11' 10" X 15' 7"	380.82	1
4	20' 3" X 13' 11" 9' 6" X 10' 7"	382.35	1
5	20' 2" x 14' 0" 9' 7" X 9' 6"	384.55	1
6	20' 1" X 14' 0" 9' 7" X 9' 6"	372.21	1
7	20' 3" X 13' 11" 9' 7" X 9' 7"	373.65	1
8	15' 7" X 15' 0" 15' 6" X 11' 2"	406.83	1
9	16' 8" X 15' 7"	259.72	1
10	15' 6" X 16' 9"	259.63	1
11	15' X 18' 3"	273.75	1

12	17'0" X 15'7" 10'9" X 15'7"	432.44	1
13	17'0" X 15'7" 10'9" X 15'7"	432.44	1
14	13'11" X 20'2" 9'11" X 10'8"	386.43	1
15	15' X 18' 3"	273.75	1
16	15' X 18' 3"	273.75	1
17	13'11" X 20'2" 9'11" X 10'8"	386.43	1
18	17'0" X 15'7" 10'9" X 15'7"	432.44	1
19	15' X 18' 3"	273.75	1
20	15' X 18' 3"	273.75	1

The living, dining, and sitting room areas measure a total of 1,675.94 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 home can accommodate 20 residents. It is the licensee's responsibility not to exceed the home's licensed capacity.

B. PROGRAM DESCRIPTION

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the home were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to 20 male or female ambulatory or non-ambulatory adults whose diagnosis dementia, Alzheimer's or aged, 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. The applicant intends to accept private pay individuals as a referral source.

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 will provide all transportation for program and medical needs. The home will make provision for a variety of leisure and recreational equipment. It is the intent of this home to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. APPLICANT AND ADMISTRATOR QUALIFICATIONS

The applicant is Senior Living Forest Glen, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 5/16/22. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care home.

The members of Senior Living Forest Glen, L.L.C. have submitted documentation appointing Shannan Van Houten as Licensee Designee and Kelsey Kline Administrator for this home. Ms. Kline is currently employed at the facility and will oversee the day-to-day operations.

A licensing record clearance request was completed with no disqualifying activities recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB negative results.

Ms. Kline provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Kline holds a bachelor’s degree in Community and Human Services with a concentration Family Systems. Ms. Kline has worked in long-term care facilities in Michigan since 2021 and has worked as the wellness director at Forest Glen Assisted Living since June 2023.

The staffing pattern for the original license of these 20-bed home is adequate and includes a minimum of two staff to 20 residents per shift. In addition to direct care staff the home employs full-time kitchen staff. 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 home rely on “roaming” staff or other staff that are on duty and working at another home to be considered part of this home’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 home 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 that a separate *Resident Funds Part II BCAL-2319* form 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the home.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home with a capacity of 20.

Nile Khabeiry, LMSW

9/15/25

Nile Khabeiry
Licensing Consultant

Date

Approved By:

Russell Misiak

9/16/25

Russell B. Misiak
Area Manager

Date