



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 26, 2021

Carolyn Bruning  
Northeast Michigan CMH Authority  
400 Johnson Street  
Alpena, MI 49707

RE: License #: AS710012893  
**Brege Home**  
**491 W Brege Dr**  
**Rogers City, MI 49779**

Dear Ms. Bruning:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
931 S Otsego Ave Ste 3  
Gaylord, MI 49735  
(989) 370-8320

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS710012893
<b>Licensee Name:</b>	Northeast Michigan CMH Authority
<b>Licensee Address:</b>	400 Johnson Street Alpena, MI 49707
<b>Licensee Telephone #:</b>	(989) 358-7603
<b>Licensee Designee:</b>	Carolyn Bruning
<b>Administrator:</b>	Nicole Kaiser
<b>Name of Facility:</b>	Brege Home
<b>Facility Address:</b>	491 W Brege Dr Rogers City, MI 49779
<b>Facility Telephone #:</b>	(989) 734-7108
<b>Original Issuance Date:</b>	12/11/1980
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/25/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 05/25/2021

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
N/A
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐  
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14507            Means of egress generally.**

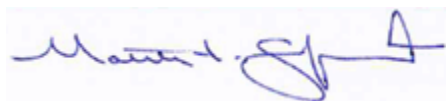
**(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.**

The front and side entrance doors did not have non-locking-against-egress hardware. Maintenance was on-site during the inspection and stated that they would replace immediately.

On 05/25/2021 I conducted an exit conference with the licensee designee Carolyn Bruning. Ms. Bruning concurred with the findings of the inspection. A corrective action plan was requested and approved on 05/25/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



5/26/2021

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Matthew Soderquist  
Licensing Consultant

Date

