



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 18, 2022

Jennifer Lockhart
Alternative Community Living, Inc.
P. O. Box 190179
Burton, MI 48519

RE: License #: AM190095524
Eureka House
7808 Freemont
Eureka, MI 48833

Dear Ms. Lockhart:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are renewed. They are 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #:	AM190095524
Licensee Name:	Alternative Community Living, Inc.
Licensee Address:	P. O. Box 190179 Burton, MI 48519
Licensee Telephone #:	(810) 701-0404
Licensee Designee:	Jennifer Lockhart
Administrator:	Dannyle Jones
Name of Facility:	Eureka House
Facility Address:	7808 Freemont Eureka, MI 48833
Facility Telephone #:	(989) 224-0290
Original Issuance Date:	06/04/2001
Capacity:	12
Program Type:	MENTALLY ILL
Certified Programs:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/07/2022

Date of Bureau of Fire Services Inspection if applicable: 11/12/2021

Date of Environmental/Health Inspection if applicable: 03/17/2022

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 10
No. of others interviewed 1 Role: administrator

- 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.
Worksheet inspection which did not occur at meal time.
- 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:
3/12/20 for rules 304 (2) and 315 (3) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☐
Variance for rule 315 (3) granted 04/05/20 allowing for the licensee to use
computer software to track resident payments for adult foster care.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular 2 – year adult foster care license and special certification.



05/18/2022

Leslie Herrguth
Licensing Consultant

Date