



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 13, 2022

Debra Kerschbaum
Berrien Mental Health Authority
4730 Scottdale Rd
St. Joseph, MI 49085

RE: License #: AM110284090
Scottdale RTC
4730 Scottdale
St. Joseph, MI 49085

Dear Debra Kerschbaum:

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 will be renewed within 30 days of its expiration, so long as the necessary application materials have been received and there are no open special investigations at that time. Once your license is received, 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads 'Cassandra Duursma'.

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW, 7th Floor-Unit 13
Grand Rapids, MI 49508
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AM110284090

Licensee Name: Berrien Mental Health Authority

Licensee Address: P.O. Box 547
1485 South M-139
Benton Harbor, MI 49022

Licensee Telephone #: (269) 925-0585

Licensee Designee: Debra Kerschbaum

Administrator: Debra Kerschbaum

Name of Facility: Scottdale RTC

Facility Address: 4730 Scottdale
St. Joseph, MI 49085

Facility Telephone #: (269) 429-5180

Original Issuance Date: 01/23/2008

Capacity: 12

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/12/2022

Date of Bureau of Fire Services Inspection if applicable: 9/19/2022

Date of Environmental/Health Inspection if applicable: 9/26/2022

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: Administration

- 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.
- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

Cassandra Duursma

10/13/2022

Cassandra Duursma
Licensing Consultant

Date