



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 17, 2022

Valkyrie Sakshaug
Sakshaug Group Homes, LLC
9371 Westview Dr. SE
Byron Center, MI 49315

RE: License #: AS410394052
Rathbone Manor
1259 Rathbone St S.W.
Wyoming, MI 49509

Dear Ms. Sakshaug:

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 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 cursive script that reads "Anthony Mullins".

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

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

I. IDENTIFYING INFORMATION

License #:	AS410394052
Licensee Name:	Sakshaug Group Homes, LLC
Licensee Address:	9371 Westview Dr. SE Byron Center, MI 49315
Licensee Telephone #:	(616) 877-4131
Licensee/Licensee Designee:	Valkyrie Sakshaug
Administrator:	Valkyrie Sakshaug
Name of Facility:	Rathbone Manor
Facility Address:	1259 Rathbone St S.W. Wyoming, MI 49509
Facility Telephone #:	(616) 877-4131
Original Issuance Date:	06/01/2018
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/16/2022

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: Designee and CFO

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No residents living in the home at the time of inspection.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
I reviewed the MAR of a previous resident.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☐ No ☒ If no, explain. No residents living in the home at the time of inspection.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No residents living in the home at the time of inspection.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
No residents living in the home at the time of inspection.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☒ N/A ☐
If no, explain. No resident living in the home at the time of inspection.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.
N/A
- 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.

It should be noted that the home has not had resident since 09/01/2021 due to the lack of staffing. After obtaining staff, Ms. Sakshaug will begin to accept new residents.

IV. RECOMMENDATION

Licensee designee, Valkyrie Sakshaug plans to update the main floor bathroom and replace decking boards on the back porch. She also plans to do other minor cosmetic updates prior to accepting new residents.

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



11/17/2022

Anthony Mullins
Licensing Consultant

Date