



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 17, 2023

Clifford Iverson  
11585 N. Argentine Road  
Linden, MI 48451

RE: License #: AF470405085  
**Son Rise Ranch**  
**11585 N. Argentine Road**  
**Linden, MI 48451**

Dear Mr. Iverson:


Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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 "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF470405085
<b>Licensee Name:</b>	Clifford Iverson
<b>Licensee Address:</b>	11585 N. Argentine Road Linden, MI 48451
<b>Licensee Telephone #:</b>	(586) 201-6423
<b>Licensee:</b>	Clifford Iverson
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Son Rise Ranch
<b>Facility Address:</b>	11585 N. Argentine Road Linden, MI 48451
<b>Facility Telephone #:</b>	(586) 201-6423
<b>Original Issuance Date:</b>	08/24/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspections: 02/16/2023

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

Date of Health Authority Inspection if applicable: 07/06/2022

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
No residents in the facility for the duration of this six month licensing period.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
No residents in the facility for the duration of this six month licensing period.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. No residents in the facility for the duration of this six month licensing period.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
No residents in the facility for the duration of this six month licensing period.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
No residents in the facility for the duration of this six month licensing period.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.  
No residents in the facility for the duration of this six month licensing period.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒  
If no, explain.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.  
No residents in the facility for the duration of this six month licensing period.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
No residents in the facility for the duration of this six month licensing period.
- 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 non-substantial compliance with rules and requirements.

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

**MCL 400.713** License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

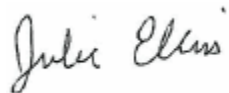
(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(b) The applicant's compliance with this act and rules promulgated under this act.

The facility has not had residents for the six-month duration of the license therefore the quality of care cannot be assessed for renewal.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



02/17/2023

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Julie Elkins  
Licensing Consultant

Date