



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 12, 2023

Matthew Langley
Fort Road Residence
4470 S. Forthill Dr.
Suttons Bay, MI 49682

RE: License #: AS450339122
Fort Road Residence
4470 S. Forthill Drive
Suttons Bay, MI 49682

Dear Mr. Langley:

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 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 "Rhonda Richards".

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|---|
| License #: | AS450339122 |
| Licensee Name: | Fort Road Residence |
| Licensee Address: | 4470 S. Forthill Dr. Suttons Bay, MI 49682 |
| Licensee Telephone #: | (231) 271-6038 |
| Licensee Designee: | Matthew Langley |
| Administrator: | Kellie Langley |
| Name of Facility: | Fort Road Residence |
| Facility Address: | 4470 S. Forthill Drive Suttons Bay, MI 49682 |
| Facility Telephone #: | (231) 271-6038 |
| Original Issuance Date: | 06/21/2013 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED |
| Certified Programs: | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/16/2023

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

Date of Environmental/Health Inspection if applicable: 11/28/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed 0 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.
- 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 two-year regular adult foster care license.

Rhonda Richards

12/12/2023

Rhonda Richards
Licensing Consultant

Date