



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 1, 2024

Michael Houck  
Adapt St. Joe, Inc.  
907 N. Clay  
Sturgis, MI 49091

RE: License #: AS750238862  
**MERCURY CLF**  
**1616 West Chicago Road**  
**Sturgis, MI 49091**

Dear Mr. Houck:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads 'Nile Khabeiry, LMSW'.

Nile Khabeiry, 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**

<b>License #:</b>	AS750238862
<b>Licensee Name:</b>	Adapt St. Joe, Inc.
<b>Licensee Address:</b>	907 N. Clay Sturgis, MI 49091
<b>Licensee Telephone #:</b>	(517) 279-7531
<b>Licensee/Licensee Designee:</b>	Michael Houck
<b>Administrator:</b>	Michael Houck
<b>Name of Facility:</b>	MERCURY CLF
<b>Facility Address:</b>	1616 West Chicago Road Sturgis, MI 49091
<b>Facility Telephone #:</b>	(269) 659-9131
<b>Original Issuance Date:</b>	12/06/2001
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/31/2024

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 2

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: N/A

- 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.

Nile Khabeiry, LMSW

8/1/24

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Nile Khabeiry  
Licensing Consultant

Date