



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 6, 2025

Susan Turner  
Copper Country Community Mental Health Svcs Bd  
901 W Memorial Drive  
Houghton, MI 49931

RE: License #: AS660012809  
Harbor House  
720 Greenland Road  
Ontonagon, MI 49953

Dear Ms. Turner:

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) 356-0111.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems CAMP Office  
223 Ridge Street  
Marquette, MI 49855  
(906) 280-8531

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS660012809
<b>Licensee Name:</b>	Copper Country Community Mental Health Srvs Bd
<b>Licensee Address:</b>	901 W Memorial Drive Houghton, MI 49931
<b>Licensee Telephone #:</b>	(906) 482-9400
<b>Licensee/Licensee Designee:</b>	Susan Turner, Designee
<b>Name of Facility:</b>	Harbor House
<b>Facility Address:</b>	720 Greenland Road Ontonagon, MI 49953
<b>Facility Telephone #:</b>	(906) 884-6367
<b>Original Issuance Date:</b>	06/08/1992
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/24/25

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 2  
No. of others interviewed [redacted] 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 2 year regular adult foster care license.

*Maria Debacker*

2/6/25

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Maria Debacker  
Licensing Consultant

Date