



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2025

Ramon Beltran
Beacon Specialized Living Services, Inc.
Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

RE: License #:	AS250387910 Beacon Home at Goodrich 9186 Washburn Rd. Goodrich, MI 48438
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Dear Ramon Beltran:

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 are 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) 643-7960.

Sincerely,

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

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

I. IDENTIFYING INFORMATION

License #:	AS250387910
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Licensee/Licensee Designee:	Ramon Beltran
Administrator:	Ramon Beltran
Name of Facility:	Beacon Home at Goodrich
Facility Address:	9186 Washburn Rd. Goodrich, MI 48438
Facility Telephone #:	(810) 636-9598
Original Issuance Date:	09/07/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/24/2025

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

Date of Health Authority Inspection if applicable: 02/20/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role:

- 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? 0 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 regular license and special certification to this AFC adult small group home (capacity 1-6).



04/30/2025

Martin Gonzales Licensing Consultant 517-388-8753	Date
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AFC GROUP HOME RENEWAL WORKSHEET INSPECTION RECORD

Michigan Department of Human Services
Bureau of Children and Adult Licensing

FACILITY goodrich	LICENSE # as250387910	DATE
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Rule #	Description	Check If Assessed
FACILITY RECORDS		
	Permission to inspect if applicant doesn't have legal access to property	<input type="checkbox"/>
R 103 (5)	Were changes in previously submitted info reported	<input type="checkbox"/>
R 103(1 a) 209 (1) (a)	Admission Policy- meets definition 102 (1)(c)/ copy provided	<input type="checkbox"/>
R 302 (1) & 209 (1)(c)	Discharge Policy meets definition 102 (1)(i) & requirements /copy provided to resident or designated representative	<input type="checkbox"/>
R 103(1a),209 (1)(b) SC	Program Statement- meets definition 102 (1)(r)/copy provided	<input type="checkbox"/>
Act 276 (26b)	Alzheimer/ dementia program description	<input type="checkbox"/>
R 103(1b) & 209 (1)(i)	Personnel Policy-available & has required content 207 (1)(a-f)	<input type="checkbox"/>
R 103(1)(ii) ,	Job descriptions available and provided to staff	<input type="checkbox"/>
R 103(1b)(iv)	Staffing Pattern available & reviewed	<input checked="" type="checkbox"/>
R 103 (1b)(iii)	Standard or Routine Procedures- available	<input type="checkbox"/>
R103 (1b)(v)	Organizational Chart	<input type="checkbox"/>
R103(1c) 209	Copies of Contracts for funding, care, treatment or supplemental services.	<input type="checkbox"/>
R103 (1d)	Current Floor plan copy provided	<input checked="" type="checkbox"/>
R103 (1e)	Current Financial Statement provided	<input type="checkbox"/>
R 103 (1e)	Proposed Budget	<input checked="" type="checkbox"/>
R 103 (1f)	Verification of lease, ownership, or right to occupy copy provide	<input type="checkbox"/>
R103 (1g)	Current corporate or LCC documents copy provided	<input type="checkbox"/>
R 103 (1g)	Written identification of corporate licensee's designee provided	<input type="checkbox"/>
R 103 (1h)	Current credit history for individual licensees copy provided	<input type="checkbox"/>
R 103 (4)	License Posted	<input checked="" type="checkbox"/>
R 210	Resident Register	<input checked="" type="checkbox"/>
R 209(1)(j)	Program Certifications if applicable	<input checked="" type="checkbox"/>
R 318 (5)	Fire Drill Records	<input checked="" type="checkbox"/>
R 318 (1) (2)	Emergency Procedure & Evacuation Plans	<input checked="" type="checkbox"/>
R 318(3)	Emergency numbers posted at @ phone	<input checked="" type="checkbox"/>
R209 & 510(1)	Heating equipment inspection & approval records, if applicable	<input type="checkbox"/>
R505(3)(4) SC	Smoke and heat equipment inspection record, if applicable.	<input type="checkbox"/>
R 209 (1s)	Environmental Health Inspection Report	<input checked="" type="checkbox"/>
R 313(6)	Menus kept for 1 calendar year	<input checked="" type="checkbox"/>
R 209 (1m) & 403(15)	Reports of severe property damage of more than \$5,000 w/in 48 hours.	<input type="checkbox"/>
LICENSEE/ LICENSEE DESIGNEE/ ADMINISTRATOR		
201(2)	Administrative & Financially capable	<input checked="" type="checkbox"/>
Sec. 313(3) 201(10)	Licensing Record Clearance, good moral character & suitable	<input checked="" type="checkbox"/>
205 (2)	Physician's Health Statement	<input checked="" type="checkbox"/>
205(4)	TB Test Results	<input checked="" type="checkbox"/>

FACILITY goodrich	LICENSE # as250387910	DATE
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Rule #	Description	Check If Assessed
COMPETENCY REQUIREMENT		
201(6)	1 year experience with population	<input checked="" type="checkbox"/>
201 3)	Temp. License competency	<input checked="" type="checkbox"/>
(a)	Nutrition	<input checked="" type="checkbox"/>
(b)	First Aid	<input checked="" type="checkbox"/>
(c)	CPR	<input checked="" type="checkbox"/>
(d)	Adult Foster Care	<input checked="" type="checkbox"/>
(e)	Safety and Fire Prevention	<input checked="" type="checkbox"/>
(f)	Financial & Administrative Management.	<input checked="" type="checkbox"/>
(g)	Knowledge of population.	<input checked="" type="checkbox"/>
(h)	Resident Rights	<input checked="" type="checkbox"/>
(i)	Prevention & containment of Communicable Disease	<input checked="" type="checkbox"/>
307(1)	Behavior Intervention, if applicable	<input checked="" type="checkbox"/>
201(4)	Deemed competent if one or more of following:	<input checked="" type="checkbox"/>
(a)	Training approved by department	<input checked="" type="checkbox"/>
(b)	Competency Review (not avail.)	<input checked="" type="checkbox"/>
(c)	Program of relevant study – (college)	<input checked="" type="checkbox"/>
(d)	Experience w/ population	<input checked="" type="checkbox"/>
203(1)	Annual training: 16 hrs. or 6 credit hrs. (RENEWAL ONLY)	<input checked="" type="checkbox"/>
MEMBERS OF HOUSEHOLD		
201 (10)	Licensing Record Clearance done by department (entered on BITS)	<input type="checkbox"/>
205(1)	Physician's statement on file in home	<input type="checkbox"/>
205(5)	TB test results on file	<input type="checkbox"/>

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Rule #	Description	Check If Assessed
EMPLOYEE RECORDS WORKSHEET		
R 208 (1) (a)(b)(c)	Address, SS#, License Certification, Driver's License	<input checked="" type="checkbox"/>
R 204 (1), 208 (1)(d)	Verification of Age	<input checked="" type="checkbox"/>
R208 (1)(e)	Verification of experience, education, training	<input checked="" type="checkbox"/>
R208(1)(f)	Verification of reference checks—2	<input checked="" type="checkbox"/>
208(1)(g)	Beginning and ending dates of employment	<input checked="" type="checkbox"/>
R 205(3) & 208(1)(h)	Medical Information- Physicians statement at hire or w/l 30 days	<input checked="" type="checkbox"/>
R 205(6) & 208(1)(h)	Annual health review	<input checked="" type="checkbox"/>
R 205(5) & 208(1)(i)	TB testing results--current at hire & every 3 yrs after	<input checked="" type="checkbox"/>
R 207(2) & (3) & 208(1)(h)	Verification of receipt of personnel polices & job description	<input checked="" type="checkbox"/>
R 201(10) & 204(2)(a)	Suitability determination	<input checked="" type="checkbox"/>
MCL400.713	Verification of GMC determination – hired prior to 8/01/04	<input checked="" type="checkbox"/>
MCL400.734b	Good moral character and convictions if hired 8/1/04 or after	<input checked="" type="checkbox"/>
R 205(7)	Volunteers-Physical/mental health and free from communicable disease.	<input checked="" type="checkbox"/>
R 208(1)(e)	Verification of training & competency	<input checked="" type="checkbox"/>
R 204(3)(a)	Reporting requirements	<input checked="" type="checkbox"/>
R 204(3)(b)	First Aid	<input checked="" type="checkbox"/>
R 204(3)(c)	CPR	<input checked="" type="checkbox"/>
R 204(3)(d)	Personal Care/ Supervision/ Protection needs of residents in home	<input checked="" type="checkbox"/>
R 204 (3)(e)	Resident Rights	<input checked="" type="checkbox"/>
R 204(3)(f)	Safety and Fire Prevention	<input checked="" type="checkbox"/>
R 204(3)(g)	Prevention & Containment of Communicable Diseases	<input checked="" type="checkbox"/>
R 312(4)(a)	Medication Administration	<input checked="" type="checkbox"/>
R 307(3)	Behavior Intervention Techniques	<input checked="" type="checkbox"/>
R 309(8)	Crisis Intervention, if applicable	<input checked="" type="checkbox"/>
R 201(14)	Food Preparation Staff- training or experience (for 7+ homes)	<input type="checkbox"/>

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Rule #	Description	Check If Assessed
RESIDENT RECORD WORKSHEET		
316 (2)	Kept for 2 years after discharge	<input checked="" type="checkbox"/>
316 (1)(b)	Admission date	<input checked="" type="checkbox"/>
316(1)	Resident ID Info SS#, DOB, case #, marital status, former address, name, address, phone # of next of kin, emergency contact person, responsible agency, and preferred physician, medical insurance, funeral provisions and religious preference.	<input checked="" type="checkbox"/>
301 (5-8) 316 (1) (e)	Resident Care Agree. completed	<input checked="" type="checkbox"/>
301 (10) 316 (1) (d)(i)	Health Care Appraisal completed	<input checked="" type="checkbox"/>
301 (11) 316 (1)(d)(iv)	Physician's instructions & contacts recorded	<input checked="" type="checkbox"/>
316 (1) (d)(v)	Emergency care and advanced medical directives, if applicable.	<input checked="" type="checkbox"/>
301 (2)(4)(5) 316 (1) (f)	Assessment Plan completed	<input checked="" type="checkbox"/>
303 (2)	Care provided per Assessment Plan	<input checked="" type="checkbox"/>
306 (2)	Assistive Device use in Assessment Plan	<input checked="" type="checkbox"/>
306 (3)	Assistive Device authorizations in file	<input checked="" type="checkbox"/>
310 (3), 316 (1)(g)	Resident weight record kept 2 years	<input checked="" type="checkbox"/>
312(2)	Meds administered per label	<input checked="" type="checkbox"/>
312 (4)(b)(c) 316 (1)(d)(ii)	Medication Logs Maintained	<input checked="" type="checkbox"/>
315(3) 316 (1)(i)	Funds & Valuables Part I in file	<input checked="" type="checkbox"/>
315(3)(8)	Funds & Valuable Part II maintained, accurate & w/ applicable signatures	<input checked="" type="checkbox"/>
315(9)	Resident funds separate from licensees	<input checked="" type="checkbox"/>
315 (11)	Prior written approval of charges	<input checked="" type="checkbox"/>
311 (1-6)	Incident/Accident Reports, completed & on department form	<input checked="" type="checkbox"/>
311 (7) 316 (1)(h)	Incident/Accident Reports on file 2 yrs.	<input checked="" type="checkbox"/>
302 (3-8)	Discharge procedures in compliance	<input checked="" type="checkbox"/>
316 (1)(c)	Discharge date and where went	<input checked="" type="checkbox"/>
313 (3)	Special Diets prescribed by physician	<input checked="" type="checkbox"/>
	Special diet provided	<input checked="" type="checkbox"/>
313 (5)	Record of Special Diet served and menus maintained	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
PHYSICAL PLANT WORKSHEET		
KITCHEN		
401(2)	Water Temperature 105-120°F	<input checked="" type="checkbox"/>
401(4)	Trash Containers Leak Proof/Tight Lid	<input checked="" type="checkbox"/>
401(5)	Evidence of Rodents, Pests, Insects	<input checked="" type="checkbox"/>
401(6)	Caustic/Poisons Away from Food	<input checked="" type="checkbox"/>
401(8)	Hand Washing Facilities/Indiv. Towels	<input checked="" type="checkbox"/>
402	Food Service:	<input checked="" type="checkbox"/>
(1)	Food Quality	<input checked="" type="checkbox"/>
(2)	Food Storage - All locations	<input checked="" type="checkbox"/>
(3)	Refrigerators/Freezers / Thermometers / Cold Food Below 40°F/Hot Above 140°F	<input checked="" type="checkbox"/>
(4)(5)	Equip/Utensils: Cleaning/Type/Condition	<input checked="" type="checkbox"/>
(6)	Appliance Installation/Hood or Canopy Filters/Clean Filters	<input checked="" type="checkbox"/>
402(3)	Food Prep Areas Clean/Good Repair	<input checked="" type="checkbox"/>
403(5)(7)	Floors/Walls/Counter Finishes Condition and cleanliness	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>
BATHS		
401(2)	Water Temperature 105-120°F	<input checked="" type="checkbox"/>
401(6)	Caustics – non resident areas	<input checked="" type="checkbox"/>
401(8)	Hand Washing / Indiv. Hand Towels	<input checked="" type="checkbox"/>
403(11)	Handrails in Showers/bath Areas	<input checked="" type="checkbox"/>
403(11)	Tub Non-Skid Surfacing in showers/tub	<input checked="" type="checkbox"/>
403(3)	Lighting adequate	<input checked="" type="checkbox"/>
403(5)	Walls, Floors, Ceilings	<input checked="" type="checkbox"/>
403(6)	Plumbing in Good Working Condition / Properly Installed	<input checked="" type="checkbox"/>
403(7)	Floor Covering Easily Cleanable	<input checked="" type="checkbox"/>
407(1)	Ventilation (Natural or Mechanical) Windows Easily Opened	<input checked="" type="checkbox"/>
407(3)	Doors, Hardware, Latches	<input checked="" type="checkbox"/>
407(4)	One Full Bath per 8 Residents	<input checked="" type="checkbox"/>
407(5)	1 Toilet & Lav. on Flr with Res. Bedrooms	<input checked="" type="checkbox"/>
407(6)	1 Bathing Facility on Each Floor that has Resident Bedrooms (does not apply to	<input checked="" type="checkbox"/>
411(3)	Clean Towels / Washcloths for Each Resident – Laundered 2 Times Weekly	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>
LIVING AREAS (Resident Access, Adequacy)		
401(7)	Ventilation, Openable Windows / Screen or Air Conditioning	<input checked="" type="checkbox"/>
403(1)	Maint.: Prov. Health/Safety/Well Being	<input checked="" type="checkbox"/>
(2)	Clean and Orderly	<input checked="" type="checkbox"/>
(3)	Well Lighted and Ventilated	<input checked="" type="checkbox"/>
(5)	All Surfaces and Finishes Easily Cleanable and Good Repair	<input checked="" type="checkbox"/>
403(14) 510(4)	Steam Radiators and Hot Water Pipes Shielded (510 (4) after March 1980)	<input checked="" type="checkbox"/>
405(1)	35 Sq. Ft. Living Space per Occupant (Doesn't apply to original owner licensed	<input type="checkbox"/>
405(3)	Resident with Impaired Mobility Accessibility / Street Level	<input checked="" type="checkbox"/>
405(4)	No Residents Above 2nd Floor (Post 05/24/94 – See 405(5) for Exceptions)	<input checked="" type="checkbox"/>
405(7)	Adequate Multipurpose Space	<input checked="" type="checkbox"/>
405(8)	Dining Space to Accommodate All Res.	<input checked="" type="checkbox"/>
406	Room Temperature and Circulating Air Other (68-72°)	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
MISCELLANEOUS		
312(1)	Locked Storage of Medications	<input checked="" type="checkbox"/>
318(3)	Telephone available and accessible	<input checked="" type="checkbox"/>
318(6)	Emergency transportation available	<input checked="" type="checkbox"/>
319(a)	Car in good operating condition	<input checked="" type="checkbox"/>
319(b)	First Aid Kit in car	<input checked="" type="checkbox"/>
401(1)	Water Test (initially and every 2 years)	<input type="checkbox"/>
401(1)	Hot and Cold Running Water	<input checked="" type="checkbox"/>
401(3)	Public Sewer or Approved System (initially and every 2 years)	<input checked="" type="checkbox"/>
401(7)	Screens on any opening to outside (April to November)	<input checked="" type="checkbox"/>
403(6)	Plumbing properly installed and maintained. Water Heater Temperature Control and	<input checked="" type="checkbox"/>
403(10)	Throw Rugs (Nonskid Backing)	<input checked="" type="checkbox"/>
404	Adequate Provision for Laundry	<input checked="" type="checkbox"/>
403(1) 510(2)(3)	Dryer Vented with Metal Duct (510(2)(3) after March 1980)	<input checked="" type="checkbox"/>
403(1) 244(4)	Combustible Storage (244(4) on or before March 1980) (511(4) after March 1980)	<input checked="" type="checkbox"/>
403(1) 512(1)(2)	Wiring (512 (1)(2) after March 1980) (400.2246 on or before March 1981)	<input checked="" type="checkbox"/>
403(1)	Other – Home Healthy, Safe and Well- Being of Residents	<input checked="" type="checkbox"/>
BEDROOMS		
401(9)	Cleaned and Sanitized at Discharge	<input checked="" type="checkbox"/>
405(2)	Reasonable Storage Space	<input checked="" type="checkbox"/>
408(1)	Bedrooms 50% or More above Grade – 2 Means of Egress	<input checked="" type="checkbox"/>
408(4) 507(5)	Side Hinged Door, Nonlocking Against Egress – 30-Inch Wide (507(5) after March 1980)	<input checked="" type="checkbox"/>
408(7)	One Openable Window	<input checked="" type="checkbox"/>
408(8)	Residents Same Sex or Married	<input checked="" type="checkbox"/>
408(9) 405(3)	Impaired Mobility on Street Floor	<input checked="" type="checkbox"/>
409(1)	Usable Floor Space – Ceiling 6'6" or more & 7 foot horizontal dimension closets and spaces under portable wardrobes not counted in floor space.	<input checked="" type="checkbox"/>
409(2)(3)	65 Square Feet – Multiple Occupancy 80 Square Feet – Single Occupancy	<input checked="" type="checkbox"/>
409(4)	Maximum of two Beds in Room (On or after 05/24/94)	<input checked="" type="checkbox"/>
409(7)	3 Feet of Clearance Between Beds	<input checked="" type="checkbox"/>
410(1)(a)	Closet or Wardrobe	<input checked="" type="checkbox"/>
410(1)(b)	Lighting	<input checked="" type="checkbox"/>
410(1)(c)	Bureau/Dresser/Equivalent	<input checked="" type="checkbox"/>
410(1)(d)	Chair	<input checked="" type="checkbox"/>
410(2)	Mirror	<input checked="" type="checkbox"/>
410(5)	Mattress/Foundation Clean/Good Condition/Size	<input checked="" type="checkbox"/>
411(1)	Beds (2 Sheets, Pillowcase, Blanket, Spread and Clean and in Good Condition)	<input checked="" type="checkbox"/>
411(2)	Pillow	<input checked="" type="checkbox"/>
411(3)	Towels and Wash Cloths Provided / Cleaned	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
BEDROOMS – Before 05/24/94 – 3 or 4 Beds in Room		
409(5)	Maximum of 4 Beds, Present Owner	<input type="checkbox"/>
409(6)	Maximum of 4 Beds, New Owner	<input type="checkbox"/>
409(6)(a)	Resident Agrees in Writing	<input type="checkbox"/>
409(6)(c)	70 Square Feet of Space per Bed	<input type="checkbox"/>
409(6)(d)	Individual Privacy Assured	<input type="checkbox"/>
	Other	<input type="checkbox"/>
STAIRS – EXTERIOR / INTERIOR & EXITS		
403(8)	Handrails 30- to 34-inches above tread	<input checked="" type="checkbox"/>
403(8)	Porches & Decks – 8-inches or more above grade (Handrails on open sides)	<input checked="" type="checkbox"/>
403(9)	Stairs Uniform in Size and Rise	<input checked="" type="checkbox"/>
403(12)	Sidewalks, Entrances, Fire Escape Routes Clear	<input checked="" type="checkbox"/>
243(1) 507(5)	30-Inch Doorways (243(1) on or before March 1980) (507(5) after March 1980)	<input checked="" type="checkbox"/>
507(6) 243(1)	Hardware / Locks Nonlocking Against Egress (507(6) after March 1980) (243(1) on or before March 1980)	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>
EXTERIOR		
401(4)	Rubbish Removal from Home Daily and Premises Weekly	<input checked="" type="checkbox"/>
403(1) (13)	Maintenance of Yard Area / Premises	<input checked="" type="checkbox"/>
403(4)	Exterior Walls, Roof, Doors / Windows (Chimney, Eaves, Screens, Paint / Siding) weather tight/water tight	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
FIRE SAFETY: ON OR BEFORE 3/27/80		
R231	All occupied rooms are of standard lath and plaster construction, or equivalent.	<input type="checkbox"/>
R233	Basement bedrooms are 50% or more above grade with 2 acceptable means of egress.	<input type="checkbox"/>
R242	Interior finishes are not made from highly flammable material such as paper, cardboard, etc.	<input type="checkbox"/>
R243(1)	Means of egress, that is the entire passage to safe ground outside, is kept unobstructed.	<input type="checkbox"/>
R243(1)	Basements used for resident activity have 2 acceptable means of egress.	<input type="checkbox"/>
R243(1)	Doors which form required means of egress must have positive latching non-locking against egress hardware, and must be at least 30", or 36" if new construction.	<input type="checkbox"/>
R243(1)	Exit doors insure adequate egress for residents who use wheelchairs, and have ramps, where needed.	<input type="checkbox"/>
R243(2)	1st floor has 2 separate and independent means of egress leading to the outside.	<input type="checkbox"/>
R243(3)	New or remodeled homes – corridors lead directly to the outside or to required stairways that lead to the outside at grade level. (No dead end corridors).	<input type="checkbox"/>
R243(4)	Exterior doors and doors of occupied rooms have positive latching, non-locking against egress hardware.	<input type="checkbox"/>
R243(5)	If accommodating residents who use wheelchairs, has two ramps and primary and secondary exits, with no more than 1 foot of rise in	<input type="checkbox"/>
R244(1)	Is heated by an approved heating plant.	<input type="checkbox"/>
R244(1)	If heating plant is in the basement, floor separation between the basement and 1st floor is provided and includes a 1 3/4" solid wood core door, or equivalent.	<input type="checkbox"/>
R244(1)	If heating plant is on the same level as resident, the furnace room is separated from the rest of the building with a minimum 1-hour protected enclosure.	<input type="checkbox"/>
R244(1)	Furnace room has a permanent, non- closable outside vent for combustion air.	<input type="checkbox"/>
R244(1)	Home does not use space heaters.	<input type="checkbox"/>
R244(2)	Has approved, permanent, fixed type electrical heating, such as baseboard heat.	<input type="checkbox"/>
R244(2)	Has AGA approved sealed combustion wall heater installed per manufacturer's recommendations and on outside wall, with combustion air directly from outside and vented directly to the outside.	<input type="checkbox"/>
R244(3)	Has flame producing water heater that is installed with the same protection as a heating plant.	<input type="checkbox"/>
244(4)	Combustible materials are not stored in rooms containing the heating plant, water heater or incinerator.	<input type="checkbox"/>
R245	Has one 5 lb. multi-purpose (2A10 BC) fire extinguisher, or equivalent, on each occupied floor and in the basement.	<input type="checkbox"/>
R246	Electrical service is maintained in safe condition.	<input type="checkbox"/>
R246	Electrical inspection needed? If so, done by qualified inspection service and copy submitted to department?	<input type="checkbox"/>
Group R403(8) Family R247(1)	Interior and exterior stairways have sturdy, securely fastened handrails that are between 30"-34" above upper tread surface.	<input type="checkbox"/>
Group R403(8) Family R247(1)	Exterior stairways and porches have handrails on all open sides.	<input type="checkbox"/>

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Rule #	Description	Check If Assessed
FIRE SAFETY: ON OR BEFORE 3/27/80 (Continued)		
Group R403(10) Family R247(2)	Scatter or throw rugs have nonskid backings.	<input type="checkbox"/>
Group R403(11) Family R247(3)	Bath and shower areas have handrails and nonskid surfacing/strips.	<input type="checkbox"/>
Group R403(12) Family R247(4)	Sidewalks, fire escape routes and entrances are free of hazards.	<input type="checkbox"/>
Group R402(6) Family R426(12)	Cooking appliances are installed in accordance with approved safety practices.	<input type="checkbox"/>
Group R402(6) Family R426(12)	Metal canopies are equipped with filters and are clean and maintained in good condition.	<input type="checkbox"/>
Group R318 (3) Family R261(1)	Has a telephone.	<input type="checkbox"/>
Group R318 (3) Family R261(2)	Emergency numbers posted next to phone	<input type="checkbox"/>
Group R318 (1) Family R261(1)(2)	Has written emergency procedure and evacuation plan.	<input type="checkbox"/>
Group R318 (2) Family R261(2)	Evacuation plan minimally include a floor plan.	<input type="checkbox"/>
Group R318 (4) Family 261(1)	Employees and residents familiar with emergency and evacuation procedures.	<input type="checkbox"/>
Group R318 (5)	Practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter.	<input type="checkbox"/>
Family 261(2)	At least 4 fire drills per year	<input type="checkbox"/>
Group R318 (5)	A record of practices be maintained and available for review.	<input type="checkbox"/>
Group R318 (6)	Availability of emergency transportation.	<input type="checkbox"/>

FACILITY goodrich	LICENSE # as250387910	DATE
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Rule #	Description	Check If Assessed
FIRE SAFETY: AFTER 3/27/1980		
R502	All occupied rooms are of standard lath and plaster construction, or equivalent.	<input type="checkbox"/>
R503(1)	Interior finishes are at least Class C throughout the facility.	<input type="checkbox"/>
R503(2)	Interior finish is securely attached to, or furred out not more than 1" from, walls, ceilings that are made of at least ¾" thick dry wall, plaster masonry, or natural solid wood.	<input type="checkbox"/>
R503(3)	Interior finish materials, other than dry wall, plaster or natural solid wood that is at least ¾" thick, are not attached directly to wall studs or to floor/ceiling joists.	<input type="checkbox"/>
R503(3)	Has a suspended ceiling that is made of Class A material that is at least ¼" thick and is installed in accordance to manufacturers specifications.	<input type="checkbox"/>
R503(4)	Class A, B and C interior finish materials meet minimum flame and smoke requirements.	<input type="checkbox"/>
R504(a-g)	Interior finish meets the requirements of this rule.	<input type="checkbox"/>
R505(1)	Smoke detectors installed on each floor, rooms with flame producing/heat producing equipment and sleeping areas.	<input checked="" type="checkbox"/>
R505(2)	Facility has heat detectors in place of smoke detectors in kitchen, bathroom or areas with heat/flame producing equipment.	<input checked="" type="checkbox"/>
R505(4)	Detectors are maintained and tested according to manufacturer's recommendations.	<input checked="" type="checkbox"/>
R505(5)	Detectors mounted on ceilings are at least 6" away from walls.	<input checked="" type="checkbox"/>
R505(5)	Detectors mounted on walls are 6"-12" away from the ceiling.	<input checked="" type="checkbox"/>
R505(5)	Detectors are not mounted where ventilation systems or other obstructions keep smoke away.	<input checked="" type="checkbox"/>
R505(6)	Home is a new construction, conversion or change of category and has approved smoke detection system installed and powered from the building's electrical system.	<input type="checkbox"/>
R506(1)	There is one fire extinguisher (2A10 BC) on each Floor	<input checked="" type="checkbox"/>
R506(2)	Fire extinguishers are examined and maintained according to manufacturer's recommendation.	<input checked="" type="checkbox"/>
R507(1), (2)	Entire passage of means of egress is unobstructed.	<input checked="" type="checkbox"/>
R507(3)	The basement, if used for resident activities, has 2 approved means of egress; 1 directly to the outside.	<input type="checkbox"/>
R507(4)	The 1st floor has 2 separate and independent means of egress that lead directly to the outside.	<input type="checkbox"/>
R507(5)	Doors that are part of the required means of egress are at least 30" wide and have positive latching, non-locking against egress hardware.	<input type="checkbox"/>
R507(6)	All occupied rooms have positive latching, non-locking against egress hardware.	<input checked="" type="checkbox"/>
R507(7)	Interior and Exterior stairways have sturdy, securely fastened handrails that are between 30"-34" above upper tread surface.	<input checked="" type="checkbox"/>
R507(7)	Exterior/interior stairways and porches have handrails on all open sides.	<input checked="" type="checkbox"/>
R508(1), (3)	Resident bedrooms have 1 outside window for emergency rescue OR bedroom opens onto a corridor with 2 means of egress, one of which leads directly outside OR bedroom has a door that leads directly to the outside.	<input checked="" type="checkbox"/>
R508(2)	A bedroom window must be easily openable from the inside.	<input checked="" type="checkbox"/>
R509(1)	Facility accommodates residents using wheelchairs and has ramps from the 2 approved means of egress on the 1st floor.	<input type="checkbox"/>
R509(2)	Ramps terminate on firm, solid, unobstructed ground. Resident can move a safe distance away from building	<input checked="" type="checkbox"/>
R509(2)	Ramp slope not more than 1' of rise in 12' of run. Ramps are to have handrails on open sides.	<input type="checkbox"/>

FACILITY goodrich	LICENSE # as250387910	DATE
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Rule #	Description	Check If Assessed
FIRE SAFETY: AFTER 3/27/1980 (Continued)		
R510(1)	Heat is provided by an approved central heating plant or approved permanently installed electrical heating system.	<input type="checkbox"/>
R510(2)	Heat producing equipment is properly installed and is maintained in a safe condition.	<input checked="" type="checkbox"/>
R510(3)	Is inspection of heat producing equipment needed? If so, done by qualified inspection service and copy submitted to department?	<input type="checkbox"/>
R510(4)	Hot water pipes and radiators in resident areas are shielded.	<input type="checkbox"/>
R510(5)	Facility is not using portable heating units.	<input checked="" type="checkbox"/>
R511(1)	Heating plant is in the basement and floor separation between the basement and 1st floor is provided and includes a 1 3/4" solid wood core door, or equivalent.	<input checked="" type="checkbox"/>
R511(2)	Heating plant and/or flame producing equipment on the same level as residents is in an enclosed room with a 1-hour-fire-resistance rating.	<input type="checkbox"/>
R511(2)	Heating plant room has a 1 3/4" wood door, is in a fully stoppable wood or steel frame, and is equipped with an automatic self-closing device and positive-latching hardware.	<input checked="" type="checkbox"/>
R511(3)	Heating plant room has a permanent, non-closable outside vent for combustion air.	<input checked="" type="checkbox"/>
R511(4)	Combustible materials are not stored in rooms containing the heating plant, water heater, flame producing equipment or incinerator.	<input checked="" type="checkbox"/>
R512(1)	The electrical service is maintained in a safe condition.	<input checked="" type="checkbox"/>
R512(2)	Electrical inspection needed? If so, done by qualified inspection service and copy submitted to department?	<input type="checkbox"/>

FACILITY goodrich	LICENSE # as250387910	DATE
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Rule #	Description	Check If Assessed
SPECIAL CERTIFICATION		
STAFFING & TRAINING		
R 1806(3)	Training curriculum approved by Dept. Comm. Health	<input checked="" type="checkbox"/>
R 1806(2)(a)	Intro to community residential services	<input checked="" type="checkbox"/>
R 1806(2)(b)	Intro to the special needs of clients	<input checked="" type="checkbox"/>
R 1806(2)(c)	Basic interventions	<input checked="" type="checkbox"/>
R 1806(2)(d)	Basic first aid and CPR	<input checked="" type="checkbox"/>
R 1806(2)(e)	Precaution & procedures for admin. medications	<input checked="" type="checkbox"/>
R 1806(2)(f)	Preventing, preparing & procedures for emergencies	<input checked="" type="checkbox"/>
R 1806(2)(g)	Resident rights	<input checked="" type="checkbox"/>
R 1806(2)(h)	Nonaversive techniques...challenging behaviors	<input checked="" type="checkbox"/>
FACILITY RECORDS		
R 1802(4)	Review of Recipient Right policies	<input checked="" type="checkbox"/>
R 1803(5)	Evacuation "E score" for facility completed	<input checked="" type="checkbox"/>
R 1803(6)	Evacuation assessment including all occupants done w/l 30 days of admission/or moving into home and annually thereafter	<input checked="" type="checkbox"/>
R 1806(1)	Sufficient staff to implement plans of service	<input checked="" type="checkbox"/>
R 1806(1)	Plans of Service implemented	<input checked="" type="checkbox"/>
R 1805	Common use areas accessible to residents	<input checked="" type="checkbox"/>
R 1805	Transportation to meet all resident needs	<input checked="" type="checkbox"/>
FIRE SAFETY EQUIPMENT		
4-6 CAPACITY		
R 1803(1)	Interconnected Smoke Detection System (4-6 capacity) Audible in all areas of the	<input checked="" type="checkbox"/>
R 1803 (1)	Installed on all levels including basement.	<input checked="" type="checkbox"/>
R 1803 (1)	Shall have battery back-up –	<input checked="" type="checkbox"/>
R 1803 (1)	Accommodate sensory impaired	<input checked="" type="checkbox"/>
R 1803 (1)	Installed by licensed electrical contractor	<input checked="" type="checkbox"/>
R 1803 (1)	Recorded annual inspections	<input checked="" type="checkbox"/>
R 1803(3)	Fire drills: day, evening & sleeping hrs. once each quarter (4 or more capacity)	<input checked="" type="checkbox"/>
3 OR FEWER CAPACITY		
R 1803(2)	Assured alarm audible in all areas of the home. (3 or fewer capacity). Detectors on each level and basement. Not required to be interconnected	<input type="checkbox"/>
R 1803(4)	Fire Drills 4 X's a year 2 of which must be in sleeping hours (FA homes with 3 or fewer capacity only)	<input type="checkbox"/>



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Date: 04/02/2025

To: Executive Director or ORR Director
CMH Board

Subject:	AS250387910 / Beacon Home at Goodrich 9186 Washburn Rd. Goodrich, MI 48438
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We are requesting information for compliance with contract requirements for protecting recipient rights for the noted facility. Please provide this information to the following Adult Foster Care Licensing staff:

Martin Gonzales
Gonzalesm2@michigan.gov
Phone: (517) 388-8753
Fax: (517) 763-0198

Please note that the license for this facility expires on 06/09/2025. If we do not receive a response from you at least 30 days prior to this date, we will presume the facility is in compliance with your agency's contract requirements.

Response:

As of _____, review of this agency's Office of Recipient Rights records indicates:

- ☐ The adult foster care home is in compliance with this agency's contract requirements for protecting recipient rights.
- ☐ The adult foster care home is not in compliance with this agency's contract requirements for protecting recipient rights for the following reason(s):
- ☐ The adult foster care home is in contractual compliance following recipient rights compliance review by this agency's contractors.

Authorized Signature

Date



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Response:

As of 04/03/2025, review of this agency's Office of Recipient Rights records indicates:

- ☒ The adult foster care home is in compliance with this agency's contract requirements for protecting recipient rights.
- ☐ The adult foster care home is not in compliance with this agency's contract requirements for protecting recipient rights for the following reason(s):
- ☐ The adult foster care home is in contractual compliance following recipient rights compliance review by this agency's contractors.

Kathleen Garcia, MBA

Authorized Signature

April 3, 2025

Date

Environmental Health Inspection Request
MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

Invoice No 1034873
License Number : AS250387910
Report Due Date : 03/03/2025
Capacity : 6

HEALTH INSPECTION AGENCY :

Name : GENESEE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIRECTOR
Address : 630 SOUTH SAGINAW STREET, SUITE 4
FLINT, MI 48502-1540

INSPECTION:

Facility Type : ADULT SMALL GROUP HOME (CAPACITY 1-6)
Type : Private Water Supply and Private Sewage Disposal System - Use BRS-1788

Inspection Reason : Renewal
Previous Inspection Date : 02/28/23
Rating : A SUBSTANTIAL COMPLIANCE

ORGANIZATION :

Facility : Beacon Home at Goodrich
Organization : Beacon Specialized Living Services, Inc.
Street Address : 9186 Washburn Rd.
City, State, Zip : Goodrich, MI 48438
Phone1 : ~~(810)636-9598~~ Phone2 : (269)427-8400 Email: krawlings@beaconspecialized.org
County : Genesee

House # 810-636-6113

248-906-5354

SEND A COPY OF REPORT/INVOICE TO: bcallicensingunit@michigan.gov or Fax: 517-284-9709

Martin Gonzales
(517) 388-8753

REQUEST FOR INSPECTION

The Department of Licensing and Regulatory Affairs authorizes the health inspection requested for the facility listed. Upon the Department's receipt of a properly completed inspection report, payment will be processed by the Department.

Signature of Licensing Consultant Dana Trierweiler Date 2/4/25

Inspection fee amount \$ 200

(To Be Completed By Health Inspection Agency)

A properly completed inspection report as requested has been received.

Signature of Licensing Consultant _____ Date _____

Authority:
Public Act 218 of 1979, as
Amended and Public Act 116 of
1973, as Amended

The Michigan Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national, origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

COMPLETION: Voluntary

NON-COMPLETION: No license will be issued

OCAL-1787A FACSIMILE

LOCAL HEALTH AGENCY COPY

ENVIRONMENTAL HEALTH INSPECTION REPORT

Michigan Department of Licensing and Regulatory Affairs

Adult Foster Care and Homes for the Aged Licensing

Name of Facility Beacon Home at Goodrich			License Number AS250387910	
Address of Facility (Number and Street) 9186 Washburn Rd			Type of Facility AGH	
City Goodrich	State MI	Zip Code 48438	Have there been any major changes to building and grounds since the last inspection? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES → If yes, describe below	
Describe major changes to buildings and grounds since last inspection.				

For AFC Family and Small Group Homes (6 or less residents): Complete Sections 1 and 2. All other inspections: Complete all sections.

Section 1 — Water Supply System

Is a municipal water supply system available? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, is it utilized? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the private well construction, location and maintenance satisfactory? <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNABLE TO DETERMINE <input type="checkbox"/> NO (Explain)			
<i>Pressure tank in maintenance closet in utility room.</i>			

If private well:			
Bacteriological Analysis: <input type="checkbox"/> DETECTED <input checked="" type="checkbox"/> NOT DETECTED		Date Sampled <i>2-20-25</i>	Chemical Analysis (When necessary)
Chemical Type	Date Sampled	Level Detected	Recommended Level
Nitrates (NO ₃)	<i>Not taken</i>	PPM	10 PPM
		PPM	PPM

Section 2 — Sewage Disposal System

Is a municipal sewage disposal system available? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If yes, is it utilized? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the private septic system construction, location and maintenance satisfactory? <input type="checkbox"/> YES <input type="checkbox"/> UNABLE TO DETERMINE <input type="checkbox"/> NO (Explain)			
<i>Last pumped 11/12-2024 = frequency increased.</i>			

Section 3

Insect and rodent control effective; garbage, rubbish, and solid waste properly collected, stored and removed; Proper screening of doors and windows.			
<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> UNABLE TO DETERMINE	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NON-COMPLIANCE (Explain)

Section 4

Lighting, ventilation, and temperature satisfactory.			
<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> UNABLE TO DETERMINE	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NON-COMPLIANCE (Explain)

Section 5

Site, fencing, buildings and other structures and general premises maintained in a clean and safe condition.			
<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> UNABLE TO DETERMINE	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NON-COMPLIANCE (Explain)

Section 6

Swimming pool, beach, water activities, water hazards, equipment constructed and maintained in a clean and safe condition.			
<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> UNABLE TO DETERMINE	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NON-COMPLIANCE (Explain)

Name of Facility
Beacon Home at Goodrich

License Number
AS250387910

Section 7

Plumbing properly installed. Toilet and bathing facilities adequate and maintained in a clean and safe condition. Water temperature at accessible fixtures safe.

☐ COMPLIANCE

☐ UNABLE TO DETERMINE

☐ NOT APPLICABLE

☐ NON-COMPLIANCE (Explain)

Section 8

Food, beverages, and ice are from approved sources and are properly protected. Utensils and equipment are constructed and maintained in a safe and sanitary condition. Food handling, preparation, display, service and transportation are maintained in a safe and sanitary condition.

Note: MCL 289.1107(j)(iii) excludes child care organizations regulated under 1973 PA 116, MCL 722.111 to 722.128, adult foster care facilities as food service establishments.

☐ COMPLIANCE

☐ UNABLE TO DETERMINE

☐ NOT APPLICABLE

☐ NON-COMPLIANCE (Explain)

Findings/Recommendations

Please refer to Section Numbers, noting administrative rule number. Describe specific violation and means of correction for any items of non-compliance found during your inspection. Use additional sheets when necessary.

List rooms or areas inspected

Kitchen sink for water sample, maintenance closet for well pressure tank, septic field, and well-head (backyard directly across kitchen).

Recommended Rating (must be completed for ALL inspections):

- A. ☒ This facility has been determined to be in substantial compliance with applicable rules.
- B. ☐ Because of the listed deficiencies, temporary approval is recommended until the next inspection or report.
- C. ☐ Because of the listed deficiencies, temporary approval is recommended until _____ (date).
- D. ☐ This facility has been determined to be in substantial non-compliance with applicable rules. Approval is not recommended.

Name of Inspecting Health Agency
Genesee County Health Department Environmental Health

Address of Inspecting Health Agency
630 S Saginaw ST Flint MI 48502

Agency Telephone Number

Sanitarian Signature
Yolanda Young

Date of Inspection
2-20-25

Printed Name
Yolanda Young

Time Spent

Facility Representative Signature
[Signature]

AUTHORITY: 1979 PA 218
PENALTY: Registration/License issuance or renewal may be denied

LARA is an equal opportunity employer/program.

BASV

Genesee County Health Department

Water Laboratory Services

Tel: 810-257-3603

630 S. Saginaw Street

Flint MI 48502

115 Pierson Road

Flint MI 48505

Report to:

Beacon Home of Goodrich

9186 WASHBURN

GOODRICH, MI 48438

Sample Number: 20250220-008

Facility Name: 9186 WASHBURN

System Owner: Beacon Home of Goodrich

Collection Address: 9186 WASHBURN
GOODRICH, MI 48438

Collected By: AA AA

Township: Atlas

County: Genesee

Phone: 810

Sample Point: Kitchen Sink

Sample Kit#: NA

Chlorination: No

Lab Technician: 55

WSSN / Pool ID: 9186 WASHBURN

Source: Single Family Dwelling

Site Code: NA

Collector AA AA

Sample Date: 02/20/2025 11:18:00

Received: 02/20/2025 15:13:58

Resulted: 02/21/2025 15:15:00

Purpose: Routine Monitoring

Water System: Other

<u>Test Performed</u>	<u>Date Tested</u>	<u>Test Result</u>	<u>Test Specification</u>
Coliforms	02/20/2025	Negative	Negative
E. Coli	02/20/2025	Negative	Negative

Comments:



Genesee County Health Department
Request for Water Analysis

Sample Collection Information: (please print clearly)

Name of Collector: Yolanda B. Young Phone: 810-257-3587

Collection Street Address: 9186 Washburn Rd

City: Goodrich Zip Code: 48438 Township: Atlas

Date Collected: 2/20/25 Time Collected: 11:18 AM PM (circle one)

Sampling Point (Kitchen sink, sample tap, etc.):

Mail Results To: (only if different from above address)

Name: Beacon Home at Goodrich

Street Address:

City & Zip Code:

Test Requested: (check only one)

☒

Drinking Water

☐

Surface Water

☐

Swimming Pool/Spa

Source/Sample Purpose/Collector Codes: (see below)

☒

Sample Source Code #

WSSN #

(Only for Type II wells)

☐

Sampling Purpose #

☐

Collector Code #

Chlorinated? Y N mg/L

Sample Source Codes:

- 0 Single Family Dwelling
- 1 Type I (community; apt; subdivision; mobile home park, etc.)
- 2 Type II (school; restaurant; office; industry, etc.)
- 3 Type III (all other public supplies; duplex; small office)
- 7 Surface Water (including bathing water beaches and waste water discharge)
- 8 Swimming Pool or Spa

Sampling Purpose Codes:

- 0 Routine Monitoring
- 1 Real Estate Transaction
- 2 Repeat Sample
- 3 New Well or Repair Work
- 5 Water Quality Problem

Collector Codes:

- 0 Genesee County Staff
- 1 Public Water Supply Operator
- 3 Citizen

For front counter use

Date/Time Rec'd/Initials

This side of testing paperwork for internal use only.
TEST COLLECTOR PLEASE FILL OUT OPPOSITE SIDE OF SHEET

Genesee County Health Department
Water Laboratory Services
MEGLE Lab ID# 0013 EPA# MI 00094

Additional sample result information:

Test Type: (SM 9223B, Colilert)

Date run: 2/20/2025

Date out: 2/21/2025

Time in: 3:09 pm

Time out: 3:10 pm

T. Ray
name of analyst

E= NEG

C= NEG

20250220 - 008