



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 18, 2025

Duane Beauchamp
St. Jude's Assisted Living, Inc
509 South 22nd Street
Escanaba, MI 49829

RE: License #: AL210303633
St. Jude's AFC Home
509 South 22nd Street
Escanaba, MI 49829

Dear Mr. Beauchamp:

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 (616) 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
350 Ottawa
Grand Rapids MI
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #: AL210303633

Licensee Name: St. Jude's Assisted Living, Inc

Licensee Address: 509 South 22nd Street
Escanaba, MI 49829

Licensee Telephone #: (906) 786-3386

Licensee/Licensee Designee: Duane Beauchamp, Designee

Name of Facility: St. Jude's AFC Home

Facility Address: 509 South 22nd Street
Escanaba, MI 49829

Facility Telephone #: (906) 786-3386

Original Issuance Date: 05/19/2011

Capacity: 17

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/12/25

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 11/12/25

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 8
No. of others interviewed 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? 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

11/12/25

Maria Debacker
Licensing Consultant

Date