



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 10, 2026

Michael Bach
Copper Country Community Mental Health Svcs Bd
901 W Memorial Drive
Houghton, MI 49931

RE: License #: AM310070429
John R Rice Home
12940 E. Ballfield Road
Atlantic Mine, MI 49905

Dear Mr./Ms. Bach:

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) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Garrett Peters", with a stylized flourish at the end.

Garrett Peters, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(906) 250-9318

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

I. IDENTIFYING INFORMATION

License #: AM310070429

Licensee Name: Copper Country Community Mental Health
Srvs Bd

Licensee Address: 901 W Memorial Drive
Houghton, MI 49931

Licensee Telephone #: (906) 482-9400

Licensee Designee: Michael Bach

Administrator: Todd Mattson

Name of Facility: John R Rice Home

Facility Address: 12940 E. Ballfield Road
Atlantic Mine, MI 49905

Facility Telephone #: (906) 482-7565

Original Issuance Date: 11/01/1996

Capacity: 10

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/03/2026

Date of Bureau of Fire Services Inspection if applicable: 6/3/25

Date of Health Authority Inspection if applicable: Not yet completed

No. of staff interviewed and/or observed 3

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. Not there during meal times.
- 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

Contingent upon an approved health inspection, I recommend issuance of a 2 year regular adult foster care license.



2/10/26

Garrett Peters
Licensing Consultant

Date