



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 23, 2026

Catherine Bracey  
1345 Marquette Avenue  
Muskegon, MI 49442

RE: License #:	AF610275867 Bracey Home 1345 Marquette Avenue Muskegon, MI 49442-1355
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Dear Ms. Bracey:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. If 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 that reads "Elizabeth Elliott". The signature is written in a cursive style with a large, looping initial "E".

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF610275867
<b>Licensee Name:</b>	Catherine Bracey
<b>Licensee Address:</b>	1345 Marquette Avenue Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 747-9227
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Bracey Home
<b>Facility Address:</b>	1345 Marquette Avenue Muskegon, MI 49442-1355
<b>Facility Telephone #:</b>	(231) 329-5493
<b>Original Issuance Date:</b>	06/14/2005
<b>Capacity:</b>	1
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/13/2026

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

Date of Health Authority Inspection if applicable: 02/13/2026

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed 1 Role: C. Bracey, Licensee

- 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: 1803, 405, 407(repeat), 416 (repeat), 418, 421 (repeat), 426 (repeat), 437(repeat), 422(1)(a) (repeat), 426. 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 found to be in non-compliance with the following rules:	
<b>R 400.645</b>	<b>Environmental health.</b>
	(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.
<p><b>Finding:</b> The temperature of the water in the home tested at 130 degrees Fahrenheit (repeat).</p> <p><b>Licensee Response:</b> Cathy Bracey stated the hot water heater temperature will be adjusted so the water's temperature is between 105-120 degrees Fahrenheit.</p>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<p><b>Finding:</b> The kitchen cupboards in front of the sink are not hung; there are open areas under the sink due to the cupboards being off. The trim in the hallway around the bathroom and Resident A's room is not up.</p> <p><b>Licensee Response:</b> Ms. Bracey stated they are completing maintenance on the trim and cupboards and will have them repaired and in place soon.</p>	
<b>R 400.655</b>	<b>Bathrooms.</b>
	(2) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

<p><b>Finding:</b> The bathroom door has a lock that does not open with the twist of the handle. The bathroom door is not equipped with non-locking against egress hardware.</p> <p><b>Licensee Response:</b> Cathy and Stan Bracey stated they will change the bathroom door handle, so it is equipped with non-locking against egress hardware.</p>	
<b>R 400.657</b>	<b>Bedrooms.</b>
	(3) Interior doorways of a resident bedroom must be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.
<p><b>Finding:</b> Resident A's bedroom door has a lock that does not open with the twist of the handle. The bathroom door is not equipped with non-locking against egress hardware.</p> <p><b>Licensee Response:</b> Cathy and Stan Bracey stated they will change Resident A's bedroom door handle, so it is equipped with non-locking against egress hardware.</p>	
<b>R 400.691</b>	<b>Resident records.</b>
	<p>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:</p> <ul style="list-style-type: none"> <li>(a) Personal information including all of the following: <ul style="list-style-type: none"> <li>(i) Resident's full name.</li> <li>(ii) Social Security number.</li> <li>(iii) Date of birth.</li> <li>(iv) Marital status.</li> <li>(v) Veteran's status.</li> <li>(vi) Gender identity.</li> <li>(vii) Former address.</li> <li>(viii) Name, address, and contact information of identified contact or designated representative.</li> <li>(ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.</li> <li>(x) Funeral provisions, preferences, and contact information.</li> <li>(xi) Resident's religious preference.</li> </ul> </li> <li>(b) Date of admission.</li> <li>(c) Date of discharge and address to where the resident moved.</li> <li>(d) Health care information including all of the following: <ul style="list-style-type: none"> <li>(i) Health care appraisals.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>(ii) Medication administration record.</li> <li>(iii) Name, address, and contact information of the preferred health care professional and hospital.</li> <li>(iv) Medical insurance.</li> <li>(v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.</li> <li>(vi) Instructions for emergency care and advanced medical directives.</li> <li>(e) Resident care agreement.</li> <li>(f) Assessment plan.</li> <li>(g) Admission and monthly weight record.</li> <li>(h) Incident reports.</li> <li>(i) Resident funds and valuables record and resident refund agreement.</li> <li>(j) Resident grievances.</li> <li>(k) Resident discharge notice.</li> </ul>
<p><b>Finding:</b> The licensee does not have Resident A’s resident records for Department review.</p> <p><b>Licensee Response:</b> Ms. Bracey stated her file of resident records was left behind when her car broke down and she had Resident A’s records with her. Ms. Bracey stated she did not have the records with her at the time of this renewal inspection, will retrieve the records and contact me for a review of the records.</p>	
<p><b>R 400.727</b></p>	<p>Smoke detection equipment for family home and small group home with 6 or less residents after March 27, 1980.</p>
	<ul style="list-style-type: none"> <li>(1) At least 1 single battery-operated smoke alarm must be installed in the following locations: <ul style="list-style-type: none"> <li>(b) On each occupied floor, in the basement, and in areas of the facility that contain flame- or heat-producing equipment.</li> </ul> </li> </ul>
<p><b>Finding:</b> There is no smoke detector in the basement.</p> <p><b>Licensee Response:</b> Mr. Bracey had a new smoke detector for the basement, it was activated and working but it was not installed in the basement at the time of the inspection.</p>	
<p><b>R 400.729</b></p>	<p><b>Heating equipment.</b></p>
	<p>(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment must be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions</p>

	and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work.
<p><b>Finding:</b> The clothes dryer vent was not vented outside. The vent had come off the back of the dryer.</p> <p><b>Licensee Response:</b> Mr. Bracey stated he would affix the dryer vent to the back of the dryer so it would again be vented to the outside.</p>	
<b>R 400.729</b>	<b>Heating equipment.</b>
	(3) Where conditions indicate a need for inspection, heat-producing equipment must be inspected by a qualified inspection service. A copy of the written approval from the qualified inspection service must be submitted to the department on request.
<p><b>Finding:</b> The furnace had a butter knife sticking out of the vent indicating an issue or malfunction with the vent on the furnace. The home was warm and the furnace appeared to be functioning.</p> <p><b>Licensee Response:</b> Ms. Bracey acknowledged the knife was holding the vent open on the furnace and stated she had an appointment for furnace inspection and repair. Ms. Bracey stated she would provide me with documentation of the servicing of the furnace.</p>	

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and verification that the corrections have been made, renewal of the license is recommended.



02/23/2026

Elizabeth Elliott  
Licensing Consultant

Date