



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 13, 2026

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

RE: License #: AM070366534  
**Wood Haven**  
**501 East River Drive**  
**L'Anse, MI 49946**

Dear Mr. 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".

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**

<b>License #:</b>	AM070366534
<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 Designee:</b>	Michael Bach
<b>Name of Facility:</b>	Wood Haven
<b>Facility Address:</b>	501 East River Drive L'Anse, MI 49946
<b>Facility Telephone #:</b>	(906) 524-5536
<b>Original Issuance Date:</b>	09/18/2015
<b>Capacity:</b>	7
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/17/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 1  
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.



5/13/26

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Garrett Peters  
Licensing Consultant

Date