GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 9, 2026

Linda Rice
535 Gilletts Lk. Rd.
Jackson, MI 49201

RE: License #: AL380007070
Rice Manor
356 South Union St
Parma, MI 49269

Dear Linda Rice:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction to address the established rule violation for R 400. 619 (8) by September 30, 2026.

- You are to submit Documentation of Compliance to address the established rule violations for R 400. 647(1) by September 30, 2026.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (517) 335-5985.

Sincerely,



Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #:	AL380007070
Licensee Name:	Linda Rice
Licensee Address:	535 Gilletts Lk. Rd. Jackson, MI 49201
Licensee Telephone #:	(517) 937-2017
Licensee/Licensee Designee:	N/A
Administrator:	David Rice, Jr.
Name of Facility:	Rice Manor
Facility Address:	356 South Union St Parma, MI 49269
Facility Telephone #:	(517) 800-5080
Original Issuance Date:	06/23/1999
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/01/2026

Date of Bureau of Fire Services Inspection if applicable: 08/18/2026

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 9
No. of others interviewed 2 Role: Administrative Staff

- 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. Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: These rules were cited prior to the promulgation of the new rules, which became effective on November 3, 2025. R 400.15208 (1), R 400.15310 (3) &
- R 400.15403 (1). 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:

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

- There was no record that a fire drill had been conducted between 11 p.m. to 7 a.m., during the second quarter of 2026.

R 400.647 Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

- There were extra oxygen tanks being stored in a bedroom, which was unoccupied at the time of the renewal inspection. The oxygen tanks must be stored in a separate room used for no other purpose or storage. In addition, there was no rack or fastening device being utilized to protect the cylinders from accidental damage or from falling over.

- The (fire door) leading to the basement did not latch correctly.

- The front door was equipped with locking-against-egress hardware.

A corrective action plan was requested and approved on 09/09/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and the special certification are recommended.



09/09/2026

_____

Mahtina Rubritius Date
Licensing Consultant