



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 18, 2020

Jeffery Richards  
Gogebic CMH Svs Board  
103 W Us2  
Wakefield, MI 49968

RE: License #: AS270303161  
**Greenbush Home**  
**N10281 Greenbush**  
**Ironwood, MI 49938**

Dear Mr. Richards:

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 (906) 226-4171.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant  
Bureau of Community and Health Systems  
234 West Baraga  
Marquette, MI 49855  
(906) 280-2519

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS270303161
<b>Licensee Name:</b>	Gogebic CMH Svs Board
<b>Licensee Address:</b>	103 W Us2 Wakefield, MI 49968
<b>Licensee Telephone #:</b>	(906) 229-6100
<b>Licensee/Licensee Designee:</b>	Jeffery Richards, Designee
<b>Administrator:</b>	Jeffery Richards, Administrator
<b>Name of Facility:</b>	Greenbush Home
<b>Facility Address:</b>	N10281 Greenbush Ironwood, MI 49938
<b>Facility Telephone #:</b>	(906) 229-6155
<b>Original Issuance Date:</b>	10/09/2009
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/14/2020 (VIRTUAL)

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 5  
No. of others interviewed 0 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. Time did not warrant.
- 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. Water temp logs submitted.
- Incident report follow-up? Yes  No  If no, explain. None to review.
- 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

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care and special certification license.



05/14/2020

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Theresa Norton  
Licensing Consultant

Date