



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 20, 2021

Debra Young  
Omega House, Inc.  
2211 Maureen Ln.  
Houghton, MI 49930

RE: License #: AM310292818  
**Omega House**  
**2211 Maureen Lane**  
**Houghton, MI 49931**

Dear Ms. Young:

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 cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 290-3428

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

**I. IDENTIFYING INFORMATION**

**License #:** AM310292818

**Licensee Name:** Omega House, Inc.

**Licensee Address:** 2211 Maureen Ln.  
Houghton, MI 49930

**Licensee Telephone #:** (906) 482-4438

**Licensee/Licensee Designee:** Debra Young, Designee

**Administrator:** Debra Young

**Name of Facility:** Omega House

**Facility Address:** 2211 Maureen Lane  
Houghton, MI 49931

**Facility Telephone #:** (906) 482-4438

**Original Issuance Date:** 02/02/2009

**Capacity:** 8

**Program Type:** AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/14/2021

Date of Bureau of Fire Services Inspection if applicable: 06/17/2021

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 3  
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: 2019 renewal, 312(4) 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.

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

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 8).

*Laura Mohrman*

7/20/2021

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Laura Mohrman  
Licensing Consultant

Date