



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 6, 2023

Janice Ranger  
Harbor's Independent Living of East Tawas, Inc.  
PO Box 90662  
Burton, MI 48509

RE: License #: AS350394415  
**Harbors Independent of East Tawas**  
**1010 Alice Street**  
**East Tawas, MI 48730**

Dear Ms. Ranger:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
Ste 3  
931 S Otsego Ave  
Gaylord, MI 49735  
(989) 370-8320



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

**I. IDENTIFYING INFORMATION**

**License #:** AS350394415

**Licensee Name:** Harbor's Independent Living of East Tawas, Inc.

**Licensee Address:** 1010 Alice Street  
East Tawas, MI 48730

**Licensee Telephone #:** (810) 348-0752

**Licensee/Licensee Designee:** Janice Ranger, Designee

**Administrator:** Janice Ranger

**Name of Facility:** Harbors Independent of East Tawas

**Facility Address:** 1010 Alice Street  
East Tawas, MI 48730

**Facility Telephone #:** (989) 362-4655

**Original Issuance Date:** 07/11/2018

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/04/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

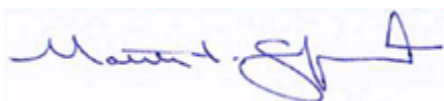
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, 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. On 01/04/2023 I conducted an exit conference with the licensee designee Jan Ranger. Ms. Ranger concurred with the findings of the inspection.

### IV. RECOMMENDATION

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



1/06/2023

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Matthew Soderquist  
Licensing Consultant

Date