



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 27, 2023

Miranda Labarge
1357 Terrace St
Muskegon, MI 49442

RE: License #:	AS610407159 Cottage House Retreat 2171 Monte Dr. Fruitport, MI 49442
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Dear Ms. Labarge:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AS610407159
Licensee Name:	Miranda Labarge
Licensee Address:	1357 Terrace St 2171 Monte Dr MUSKEGON, MI 49442
Licensee Telephone #:	(231) 375-0060
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Cottage House Retreat
Facility Address:	2171 Monte Dr. Fruitport, MI 49442
Facility Telephone #:	(231) 375-0060
Original Issuance Date:	05/24/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/22/2023

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

Date of Health Authority Inspection if applicable: 08/07/2023

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: Miranda & Michael Labarge

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, residents were not in the facility so a review of resident medications and MARs was conducted.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
A review of resident medications and MARs was conducted.
- 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:
204(1),204(2)(a)(b),204(3)(a-g),315(3),318(5) 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (Capacity 6).



11/27/2023

Elizabeth Elliott
Licensing Consultant

Date