



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 28, 2024

Jennifer Lockhart  
Alternative Community Living, Inc.  
P. O. Box 190179  
Burton, MI 48519

RE: License #: AM190095524  
**Eureka House**  
**7808 Freemont**  
**Eureka, MI 48833**

Dear Jennifer Lockhart:

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 and special certification are renewed. They are valid only at your present address and are 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM190095524
<b>Licensee Name:</b>	Alternative Community Living, Inc.
<b>Licensee Address:</b>	P. O. Box 190179 Burton, MI 48519
<b>Licensee Telephone #:</b>	(989) 482-7039
<b>Licensee Designee:</b>	Jennifer Lockhart
<b>Administrator:</b>	Rikel Grinnell
<b>Name of Facility:</b>	Eureka House
<b>Facility Address:</b>	7808 Freemont Eureka, MI 48833
<b>Facility Telephone #:</b>	(989) 224-0290
<b>Original Issuance Date:</b>	06/04/2001
<b>Capacity:</b>	12
<b>Program Type:</b>	MENTALLY ILL
<b>Certified Programs:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/28/2024

Date of Bureau of Fire Services Inspection if applicable: 10/20/2023

Date of Environmental/Health Inspection if applicable: 01/29/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role:

- 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: 09/27/2022 - 301(2)(a), 301(4), 311(1)(b), 316(1)(a) through (j). 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 two-year regular adult foster care license and concurrent special certification for the mentally ill.



02/28/2024

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Rodney Gill  
Licensing Consultant

Date