



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 7, 2024

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
2940 College Avenue
Escanaba, MI 49829
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #:	AS270303161
Licensee Name:	Gogebic CMH Svs Board
Licensee Address:	103 W Us2 Wakefield, MI 49968
Licensee Telephone #:	(906) 229-6100
Licensee Designee:	Jeffery Richards
Administrator:	Jeffery Richards
Name of Facility:	Greenbush Home
Facility Address:	N10281 Greenbush Ironwood, MI 49938
Facility Telephone #:	(906) 229-6160
Original Issuance Date:	10/09/2009
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/2/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 4/2/2024

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 4
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.
Time did not permit
- 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.

IV. RECOMMENDATION

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

Maria Debacker

4/8/2024

Maria Debacker
Licensing Consultant

Date