



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 6, 2024

Brian Babbitt  
North Country CMH  
1420 Plaza Drive  
Petoskey, MI 49770

RE: License #: AS240260286  
**Gentle Harbor Transition Home**  
**2677 Howard Rd**  
**Petoskey, MI 49770**

Dear Mr. Babbitt:

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 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

**License #:** AS240260286

**Licensee Name:** North Country CMH

**Licensee Address:** 1420 Plaza Drive  
Petoskey, MI 49770

**Licensee Telephone #:** (231) 347-9605

**Licensee/Licensee Designee:** Brian Babbitt, Designee

**Administrator:** Karla Matchinski

**Name of Facility:** Gentle Harbor Transition Home

**Facility Address:** 2677 Howard Rd  
Petoskey, MI 49770

**Facility Telephone #:** (231) 347-5444

**Original Issuance Date:** 12/19/2003

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/03/2024

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

Date of Health Authority Inspection if applicable: 02/12/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

- 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. None of the residents had money kept at time of inspection.
- 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.

Technical assistance provided:

- Rear door needs to be equipped with positive-latching, non-locking-against egress hardware.
- Some food items should be marked as when they are opened as opposed to when they come into the home.
- Fire drill evacuation time should be timed from when the smoke detector is activated to when all residents are at the meeting location.
- Any refrigerator in a resident room also requires a thermometer.

### IV. RECOMMENDATION

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



6/6/2024

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Adam Robarge  
Licensing Consultant

Date