



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 5, 2025

Susan Turner
Copper Country Community Mental Health Svcs Bd
901 W Memorial Drive
Houghton, MI 49931

RE: License #: AS310011105
Atlantic House
1514 Atlantic Street
Hancock, MI 49930

Dear Ms. Turner:

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 black ink, appearing to read "Garrett Peters".

Garrett Peters, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N. W.
Grand Rapids, MI 49503
(906) 250-9318

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

I. IDENTIFYING INFORMATION

License #:	AS310011105
Licensee Name:	Copper Country Community Mental Health Srvs Bd
Licensee Address:	901 W Memorial Drive Houghton, MI 49931
Licensee Telephone #:	(906) 482-9400
Licensee/Licensee Designee:	Susan Turner, Designee
Administrator:	
Name of Facility:	Atlantic House
Facility Address:	1514 Atlantic Street Hancock, MI 49930
Facility Telephone #:	(906) 487-7750
Original Issuance Date:	08/01/1988
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/17/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 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.
Not there during meal time.
- 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.



2/5/25

Garrett Peters
Licensing Consultant

Date