



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 15, 2025

Michael Bach  
Copper Country Community Mental Health Svcs Bd  
901 W Memorial Drive  
Houghton, MI 49931

RE: License #: AM310091837  
**Lakeside AFC**  
**808 Duncan Street**  
**Hubbell, MI 49934**

Dear Mr./Ms. Bach:

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**

<b>License #:</b>	AM310091837
<b>Licensee Name:</b>	Copper Country Community Mental Health Srvs Bd
<b>Licensee Address:</b>	901 W Memorial Drive Houghton, MI 49931
<b>Licensee Telephone #:</b>	(906) 482-9400
<b>Licensee Designee:</b>	Todd Mattson
<b>Administrator:</b>	Michael Bach
<b>Name of Facility:</b>	Lakeside AFC
<b>Facility Address:</b>	808 Duncan Street Hubbell, MI 49934
<b>Facility Telephone #:</b>	(906) 296-0669
<b>Original Issuance Date:</b>	11/10/2000
<b>Capacity:</b>	9
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/07/2025

Date of Bureau of Fire Services Inspection if applicable: 09/17/24

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Currently no residents
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
Currently no residents
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. Currently no residents
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
Currently no residents
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Currently no residents
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐  
If no, explain. Currently no residents
- 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.

A handwritten signature in black ink, appearing to be 'Garrett Peters', written over a horizontal line.

5/15/25

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Garrett Peters  
Licensing Consultant

Date