



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 28, 2025

Tammy Haner
Lighthouse Assisted Living, LLC
615 Kalamazoo St.
South Haven, MI 49090

RE: License #: AS800392605
Lighthouse Assisted Living
60261 M-43
Bangor, MI 49013

Dear Ms. Haner:

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) 335-5985.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS800392605
Licensee Name:	Lighthouse Assisted Living, LLC
Licensee Address:	60261 M-43 Highway Bangor, MI 49013
Licensee Telephone #:	(269) 767-2559
Licensee/Administrator:	Tammy Haner
Name of Facility:	Lighthouse Assisted Living
Facility Address:	60261 M-43 Bangor, MI 49013
Facility Telephone #:	(269) 427-2100
Original Issuance Date:	11/26/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/12/2025

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

Date of Health Authority Inspection if applicable: 02/04/2025 A-Rating

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

- 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.
Inspection occurred between mealtimes.
- 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.



Kristy Duda
Licensing Consultant

Date