



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 30, 2025

Bethany Mays  
Resident Advancement, Inc.  
PO Box 555  
Fenton, MI 48430

RE: License #: AS760014821  
Austin CLF  
225 Austin Street  
Sandusky, MI 48471

Dear Bethany Mays:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification for mentally ill and/or developmentally disabled is renewed. The regular license 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(517) 648-8877

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS760014821
<b>Licensee Name:</b>	Resident Advancement, Inc.
<b>Licensee Address:</b>	411 S. Leroy, PO Box 555 Fenton, MI 48430
<b>Licensee Telephone #:</b>	(810) 750-0382
<b>Licensee Designee:</b>	Bethany Mays
<b>Administrator:</b>	Lisa Savage
<b>Name of Facility:</b>	Austin CLF
<b>Facility Address:</b>	225 Austin Street Sandusky, MI 48471
<b>Facility Telephone #:</b>	(810) 648-9634
<b>Original Issuance Date:</b>	04/29/1993
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/22/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Program Manager

- 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.
- 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 regular license and special certification for mentally ill and/or developmentally disabled to this AFC adult small group home (capacity 1-6).



10/30/2025

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Cynthia Badour  
Licensing Consultant

Date